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ORIGINAL LECTURES.

OSTEOTOMY UPON THE LEFT SUPERIOR MAXILLA FOR THE REMOVAL OF POST-NASAL FIBROUS POLYPUS.

A Clinical Lecture, delivered at the Pennsylvania Hospital,

By D. HAYES AGNEW, M.D., LL.D.,

PROFESSOR OF SURGERY IN THE UNIVERSITY OF PENNSYLVANIA, AND ONE OF THE SURGEONS TO THE HOSPITAL, ETC.

(Reported by CHARLES BAUM, M.D.)

GENTLEMEN: No doubt some of you will recall this boy as the patient from whom I removed a portion of a post-nasal fibroma, or fibrous polypus, one week ago. The reasons for not completing the extirpation of the growth at that time were the failure to obtain the consent of his parents for more decided measures, and the numerous attachments of the polypus.

The following history has been obtained from the mother of the boy:

Thomas T., æt. 14, of Irish parentage, was born in Tioga Co., Pa. With the exception of a decided phthisical tendency, the family history is negative. The patient has always been healthy, and very active, working at times in the coal mines. Until about seven months ago he was perfectly well, when he began to have slight obstruction to respiration in the left nostril, at the same time beginning to breathe with the mouth open, and to snore at night during sleep. About the same time, unprovoked epistaxis occurred, and has recurred frequently. His sense of smell began to be blunted on the left side, and, contrary to his natural disposition, he grew very drowsy during the early hours of the day. About one month later (six months ago), a pea-sized body was felt in the left nostril, and a choking sensation was experienced while laughing or crying. No dysphagia was experienced with fluids or solids. About four months ago, the vision of the left eye began to grow dim, and the nose became enlarged and disfigured, while all the symptoms increased in severity. About five months ago (January 2, 1883), he was subjected to an unsuccessful attempt to remove the growth, during which there was profuse hemorrhage, and at which time an incision was made in the left ala nasi, resulting in a V-shaped deformity. Such incisions I would advise to be made at the junction of the ala nasi with the tissues of the face. In two weeks the growth protruded from the left anterior naris, in color and general appearance resembling flesh. To the touch it was firm and resisting, and was not painful. Three unsuccessful attempts at extraction followed within three months, each being accompanied by profuse hemorrhage, and after which the growth advanced more rapidly, and the patient lost flesh and strength.

On the 24th of last month, he was admitted to my wards. He is of ordinary size, slightly pale, with black hair, long eyelashes, and naturally a fair skin. Upon admission, from the left nostril protruded a dense, firm, fleshy growth, about the size of a chestnut, the surface of which was ragged, and covered with mucus and blood-clots. At present, the protruding portion has increased to about twice that size. The left side

of the face is bulging, the eye partly closed, caused by the extension of the growth, and giving the peculiar visage known as "frog-face." When a finger is introduced through the mouth, the growth is felt to be attached to the posterior surface of the septum narium, the left pterygoid process of the sphenoid bone, the walls of the pterygo-palatine space, and the basilar process of the occipital bone.

Morbid growths, both benign and malignant, develop in the nasal passages.

The soft, mucous, or gelatinous polypus constitutes a very large proportion of all such growths. The symptoms indicating this variety of growth are a fulness in the nose, a mucous discharge, and inability to respire with freedom, especially during damp or rainy weather. As the growth increases, all the symptoms are aggravated.

The symptoms which accompany fibrous polypus, or nasal fibroma, may not at first differ from those observed in soft polypus; but as the growth advances, the obstruction to respiration becomes constant, there is frequent epistaxis from embarrassed venous circulation; ulcerations occur, furnishing a sanious and purulent discharge, and the health of the patient is apt to suffer.

In the diagnosis of nasal growths, the sight and touch are invaluable aids.

The translucent appearance, gray color, soft, elastic, pulpy consistence, mobility, hygrometric variations, slowness of growth, and indisposition to bleed on pressure are striking characteristics of soft polypus.

The opacity, flesh-like appearance, firmness, and resistance on pressure, more rapid growth, epistaxis, the unaltered condition in variations of the atmosphere, pedunculated form, tendency to produce deformity of the face and nose, and the occurrence before puberty, as a rule, will point to nasal fibroma, or fibrous polypus.

Although sarcoma and carcinoma possess some of the features just mentioned as belonging to fibrous polypus, yet, in the former, the growth is less firm, more rapid in increase, less liable to hemorrhage, with but little tendency to be pedunculated; occurs after twenty years of age, and tends to produce a dyscrasia. In the latter, or carcinoma, the occasional implication of the lymph-glands and the general cachectic appearance of the patient indicate the malignant disease.

Bony and cartilaginous tumors may be distinguished from polypi by their hardness and feel, when touched with a probe.

These fibrous polypi take their origin from the periosteum covering the walls of the nasal and much more frequently the naso-pharyngeal regions.

The treatment of nasal fibromata will interest us most at present. Repeatedly I have succeeded in twisting such a growth from its attachment by grasping it between two fingers, introduced through the mouth of the patient. When situated on the basilar process of the occipital bone, I have passed a chisel along the inferior nasal meatus, and have shaved the polypus from the bone, as practised first by Gross. Various osteoplastic operations have been proposed and executed in order to expose these growths.

After a consultation with my colleagues, Doctors Hunt and Morton, the operation of cutting the superior maxillary bone from all its connections save one or

two, which are to serve as a hinge, thus exposing the growth, and enabling the bone to be replaced again, has been determined upon, and the steps of which I will indicate. After dividing the upper lip in the median line, I will carry the incision around the left nostril, and up along the side of the nose to within half an inch of the internal commissure of the eyelids; then will carry it just below the lower border of the orbit, across the malar bone to its zygomatic process. The periosteum will be divided, and the muscles turned back. The tissues of the hard palate will be divided in the median line, and at a right angle to it, at the junction of the soft palate, leaving the latter intact. After extracting the left central incisor, by means of a fine saw and cutting bone-forceps the connections of the bone will be separated, except at the posterior attachment, which is to play the part of a hinge. By turning the superior maxilla back, a full view of the nasal and post-palatine recesses can be obtained. The amount of blood which may be lost, no doubt, will be large; and should the bleeding not cease spontaneously, styptics and the cautery will be employed to arrest it.

Having freely exposed the growth, I find it has invaded, to a greater or less extent, all the irregularities of the nasal and post-palatine regions, and has extended into the left antrum and lachrymal canal. Very firm attachments bind the polypus to the basilar process of the occipital bone, to the left pterygoid process of the sphenoid bone, and to the sphenomaxillary and pterygomaxillary fissures. No attachment exists to the bones in the nasal cavities. In general outline, the growth resembles a hammer, the head from which the attachments spring being about the size of a walnut, while the handle, corresponding in length to the nasal meatus, is capped by the portion which protruded externally from the anterior naris. In consistence, it is firm and resisting, and has the general appearances of a fleshy mass.

The hemorrhage having been arrested, I will replace the bone, and, in order to retain it in position as accurately as possible, will drill the bones below the orbit, and secure the approximation by means of silver wire. In addition, the palate processes will be retained in proper relation by wire adjusted to the upper incisor teeth.

The patient, as you observe, has suffered somewhat from the shock of the operation. After being removed to the ward, dry warmth will be applied to his body and extremities.

This is the sixth operation of this character and for this cause that I have performed.

NOTE.—Separation having occurred at the hinge on the ninth day following the operation, the left superior maxillary bone was removed through the mouth.

After the lapse of two months the patient was discharged. During this time no evidence of return of the disease was detected. His general condition was vastly improved, having regained his healthy color and much flesh. The external deformity following the operation was trifling, only a slight depression in the cheek being present. The voice was altered, partaking of the character of the so-called "nasal tone." During deglutition, solids and liquids were prone to escape from the left nostril.

After the expiration of five or six months, when the tissues shall have contracted and hardened sufficiently, a plate with artificial teeth attached will be inserted, which will improve the quality of the voice and most probably effectually overcome the difficulty in deglutition.

ORIGINAL ARTICLES.

THE ALIPTIC ART.¹

BY FREDERICK PETERSON, M.D.,

OF BUFFALO, N. Y.

ABOUT three years ago I read in *Epictetus* a sentence which set me at making researches. It was part of a short dialogue which ran this way:

"Well, have you already considered about entrusting the care of your body to any person?"

"Certainly."

"To a man of experience, I suppose, and one acquainted with the *aliptic art*?"

"Without doubt."

It was these few words which set me thinking and reading, and the material which I then collected I have never until now found time to bring into the shape of a paper upon the *aliptic art*—an art now counted among the lost, but destined to very speedy revival.

Connected with the Roman baths,² and also practising by themselves among the Greeks and Romans, were certain men known as *aliptæ*, and it was their profession to anoint and rub the bodies of their patrons. The rubbing we call to-day *massage*, but the important feature of using oil has been neglected. The *aliptic art*, then, is the rubbing of the body with oil.

We know so little of the actions of most of the drugs we use in our practice, our knowledge is so uncertain, so false, that the wisest now turn their attention chiefly to hygiene and diet, leaving mystical therapeutics to more credulous, perhaps more empirical minds. To be sure, we can relieve pain, but we are always really treating symptoms and seldom are able to get at the cause of the disease, even if we make a correct diagnosis before death. We have much to apply to the relief of the suffering, if we make use of the accumulated knowledge and experience of this age, with regard to the value of sunlight, of fresh air, of certain foods, of exercise—and their proper application requires nowadays great study.

We seek remedies and effects which are tangible, palpable, and not occult. The *aliptic art* is one of these. It combines exercise with nutrition. Though the ancients may not have known the reason of its beneficial results, they had sufficient experience of its value in the treatment of disease; and something of what old Jewish, Arabian, Greek, and Roman writers have recorded for us with regard to it, I propose now to relate.

Josephus, in speaking of the case of Herod, mentions the use of the oil-bath in the treatment (*Dict. Ant.*, B. 17, chap. vi.). Isaiah alludes to the use of oil as a remedy (I. 6). Dr. Smith, in his *Dictionary of the Bible*, says, "As is the case generally in hot climates, olive oil was used by the Jews for

¹ Read before the Alumni Association of the Medical Department of the University of Buffalo.

² *Epictetus*, trans. by Long.

³ *Vide* Celsus on the *Alipiterium*. Stobæus and Baccius, *De Thermis*.

anointing the body, after the bath and before an entertainment. To be deprived of its use was a serious privation, assumed voluntarily in time of mourning and calamity." Strabo says the Egyptians used castor oil for that purpose. With regard to its use in baths by healthy people, I may quote from Becker's *Gallus*, "The daily bath, and previous to it, strong exercise were inseparable in the minds of the Romans from the idea of a regular and healthy mode of life." The Romans were anointed in preparation for the bath and athletic sports. As a rule, after friction with flour, soda, etc., the hot bath, the cold plunge, they underwent frictions with oils or ointments. Hippocrates¹ speaks of inunction as calefacient, moistening, and emollient. Celsus and Haly Abbas recommended inunction before the bath. Galen used oils before and after with rough towels. Oribasius, Galen, Aëtius, Avicenna, and Gentilis Fulginas used a fifth part of heated oil in a water bath for fevers, convulsions, retention of urine, nervous pains and lassitude. Mengus Faventinus used it as an anodyne. Paulus, in his chapter on preparatory friction, says, "Before gymnastic exercises the body ought to be rubbed moderately, first with towels, and then with oil in the hollows of the naked hands, until it be properly warmed and softened, and its surface have contracted a florid blush, and become distended." Of the oils used, Paulus speaks farther, "Some are moderately heating as oils of lilies, marjoram, iris, and saffron. Some are dessicative and cutting as oils of elaterium and privet. Some are powerfully heating and tonic, as oils of Chian mastic, must and nard. The most tonic is that prepared from wild olives. Some oils are used by women for their fragrance, as the oil of musk." Alexander Aphrodisiensis says the object of its use among the ancients before all strong exercises was to soften the parts so they might not easily be ruptured. Horace says of a lazy person, "*cur olivum sanguine viperino cautius vitat.*" (Lib. I. c. 8.)

Martial describes ceroma used by the aliptæ as a mixture of oil and wax. Thucydides states that the Lacedæmonians were the first who rubbed their bodies with oil before wrestling; and Pliny says the custom was introduced into Rome by the Greeks. Athenæus, says Antiochus Epiphanes, supplied the Daphnean wrestlers with oils of saffron and marjoram. Lucian has Solon to say to Anacharsis that oil acts upon the living body as upon leather, softening and making it less liable to rupture. The poets describe the gods as using inunction, as, for instance, Sophocles and Callimachus. So great a necessity was oil to the Romans that the empire supplied it gratuitously in all the public baths according to Lampidius. Now, as to what the ancient physicians thought of the action of inunction, I quote Paulus Ægineta, who says: "Hard friction contracts, and soft relaxes." Hippocrates and Celsus say: "Violent friction hardens the tissues; gentle softens; long-continued diminishes; moderate increases." Galen, Aëtius, Oribasius, Avicenna, and Haly Abbas agree to this verbatim.

Averrhoes states that "hard friction lessens obesity; moderate removes emaciation." Democritus, who was something of a wit, remarked that the health is best kept by lubricating inside with honey, and outside with oil. It was the custom to make use of friction and inunction morning and evening. Now, to speak particularly of the diseases in which the aliptic art was used, for in describing an art so nearly lost as this, I must bring in the ancient physicians as being the chief witnesses to its efficacy, let me take the following:

They used locally in gout, rheumatism, and chilblains, hot oil and friction. Rhazes says the common people put a finger with a felon into hot oil. In all superficial pains, friction with oils was made use of. Celsus says Asclepiades trusted almost entirely to gentle inunction in the sleeplessness of fevers. This was also practised by others. Warm hip-baths of oil and water were used in satyriasis and dysmenorrhœa. Friction with a discutient oil was used by Galen and Paulus in forms of jaundice to allay the irritation of the skin. Paulus says in obstruction and contraction of the pores of the skin, anoint bodies with a sweet and thin oil, of moderate heating quality, like oil of dill or black poplars. The Greeks, Romans, and Arabians all unite in the statement that in tetanus there is a remarkably good effect from the use of hot oil-baths and gentle friction. This certainly should appeal to us for trial, who have exhausted all the poisons of the pharmacopœia hopelessly in treating this disease. In all sorts of tremors or chills, whether from old age, debility, cold, wine, or disease, inunction was practised successfully, the oil of chamomile, privet, iris, or wax with pepper, or simple baths of hot oil being used. In asthma, pneumonia, and other chest diseases, external friction with stimulant oils, such as those of dill, rue, and iris, was used advantageously in connection with internal remedies. Paulus recommended rubbing the whole body with hot oil in hemoptysis. Inflamed breasts were treated with friction, and then wool soaked in hot oil placed upon them. In colic and cholera, a friction and hot-oil embrocations were employed. Friction with oil alleviated the pain in passing of renal calculi. Inunction was a favorite in enlargement of the liver, in bilious colic, ascites, anasarca, and tympanites, where, though not curative, they were anodyne. Of alopecia, Paulus says: "I have seen many have their hair reproduced by friction with oil alone." Serapion, Avenzoar, and others used hot or cold oils in the same manner and with great success upon the head in headaches. Paulus and Haly Abbas recommended inunction in the stupor of some of the acute diseases. Friction of the feet was used as a revulsive in all brain diseases, while the head was anointed and rubbed, especially in vertigo, epilepsy, apoplexy, and paralysis. In paralysis, Paulus says, "Our greatest dependence is upon friction." Tepid oil-baths, with gentle friction, were very beneficial in their hands in convulsions. In profuse sweating, they had with oils and friction splendid results.

The oils used were of a styptic nature. Paulus

¹ V. Sydenham Soc. translations of ancient authors.

used oils of apples, lentisk, roses, myrtle, or pomegranates; Haly Abbas, Alsaharavius, Avicenna, and Rhazes using the same, all preferring, however, the oil of roses or myrtle. It seems to me this treatment might be tried nowadays before attempting to use poisons like atropia or pilocarpin. For the dry, hot, rough, and disagreeable tongue of fevers, these ancient physicians were accustomed to order rose oil and honey to be rubbed in, and this might often be used nowadays. In smallpox and measles, which no Roman or Greek author mentions, Rhases, the Arabian, the first to describe these diseases, used friction to bring out the eruption, and warm oils to remove the scabs. In syncope, Galen and Paulus give rigid rules, followed by most of their successors of that day, to rub the body first till glowing with a dry linen cloth, and then to apply some relaxing oil. Hard friction was used by them in somnolency, and also in insomnia. Rhazes says he cured himself of sleeplessness, caused by too much study, by inunction of oil of water-lily. In ephemeral fever soft friction with emollient oils was used by all of the physicians of that day. Oil and friction were ordered by them in other fevers, in septicaemia, or as they called it, putrid fever, in hectic, and in all the continued and intermittent fevers. Celsus lays down for the last stringent rules, "*oleum, frictio, vinum.*"

Inunction was used not only to diminish obesity, but to remedy emaciation. Hard rubbing with oils of dill, marshmallow, gentian, or wild cucumber, was of greatest use in obesity. Indeed, Avicenna says nothing reduces obesity as much as frequent baths and hard inunction. In emaciation, very gentle friction with some emollient oil is extremely beneficial, the oil being nutritious, and the soft rubbing stimulant to the tissues. For atrophied portions of the body Paulus, Oribasius, Aëtius, Galen, Rhazes, Haly Abbas, and Avicenna recommend first cold effusion, followed by rubbing with towels and hot stimulant oils. Where the skin is dry and parched, friction with stimulant oils, such as those of chamomile, dill, bays, and violets, often produces perspiration.

Celsus renders to Asclepiades the honor of having invented friction. The latter, in his book on "Common Aids," wrote largely concerning it. Celsus, in his chapter on that subject (Book II., cap. 14, tr. by Collier), speaks of inunction as a means of producing sleep. He says friction relieves long-standing headaches, and often reestablishes use in paralyzed limbs. In collapse he says we can only put our trust in proper friction, which may revive so far as to admit of other measures being taken. The quality of oil as a poor conductor of heat was known to them. Pliny says oil protects both from cold and heat.¹ They took advantage of this useful property of oils. The soldiers under Alexander the Great rubbed their bodies with oil of sesame, according to Quintus Curtius, when crossing the Bactrian Mountains. Xenophon (Anab. Lib. 4) tells how his Greeks, exposed to extreme

cold, rubbed themselves before their fires with lard, turpentine, and oils of sesame and bitter almonds. The Carthaginians under Hannibal did the same, according to Florus, among the Italian Mountains. That it is equally protective against heat, witness the inunction practised by the races living in the torrid zone. Averrhoes directs friction with oils for persons who suffer when exposed to the sun.

I have brought out this array of historic facts, not so much to make a short story long, as to show how universal the aliptic art was in past ages. Compared with its everyday uses then, it may well now be called a lost art, and one meriting, for many reasons, recovery. Some years ago, under the name *massage*, the French brought the aliptic art again into vogue, taking the word from the Greek *masso*, to knead, and of late years the Swedes and Germans have carried it into something of its ancient repute. At the same time, though now we use the French word *massage*, and speak of those who practice it as *masseurs* and *masseuses*, it cannot truly be said that it has ever fallen into absolute disuse. Here and there, in the history of diseases in past centuries, we find the aliptic art of the Jews, Greeks, Romans, and Arabians present in ghostly form. I quote the following from *Copland's Medical Dictionary* (vol. iii. pt. 3, pp. 227-8): "Many years ago, frictions of the surface with warm olive oil were much recommended by Baldwin¹ and others in the treatment of the plague, with the view of promoting a copious sweat, which seldom failed of supervening. The practice was common in the East from the earliest times. Several experienced writers are much in favor of it, and the evidence is very conclusive as to its diaphoretic operation when employed externally. Mr. Jackson, in his account of the destructive plague in Morocco, in 1799, recommended it to many, both as a preventive and a cure; and he states that in both characters it was eminently successful."

In 1781, Pichler² wrote a little book on the use of inunction in various diseases. In 1799, Trinder published a work entitled, *The English Olive Tree; or, a Treatise on the Application of Oil to the Human Body*, which ran through a third edition in 1812. In 1803, Pienitz,³ a German, wrote a book upon the therapeutic and dietetic uses of friction and inunction. In 1809 appeared a work by Frank,⁴ a Frenchman, on the same subject, followed in 1810 by that of Dähne,⁵ a German, recommending the rubbing in of oil in scarlet fever.

In 1822, Zavagli,⁶ an Italian, wrote a brochure over the successful use of inunction in ascites. In 1844, appeared another book on the efficacy of oil

¹ G. Baldwin, Osservazioni circa nuovo specifico contra la Peste. Firenze, 8vo. p. 74.

² J. F. Pichler, De oleorum unguinosorum usu in morborum medela.

³ J. C. Pienitz, De frictionis unctionisque usu therapeutico et dietetico.

⁴ L. Frank, Remarques sur l'emploi des Frictions huileuses comme moyen préservatif et comme remède la Peste.

⁵ C. F. Dähne, Beiträge zur Aetiologie und Kur des Scharlachfiebers, nebst Empfehlung der Einreibung von Oel gegen dasselbe. (Vide Brit. and For. Med.-Chir. Rev., July, 1858, p. 155.)

⁶ Zavagli. Della Unzioni Oleose.

¹ Nat. Hist. xv. 6. Oleo naturo tepefacere corpus, et contra algores munire; eademque fervores capitis refrigerare.

in the treatment of the Levantine plague.¹ Schullmann, in 1848,² wrote a book with the title, *A Certain Cure of Scarlet Fever by Means of a Method, New and Wholly without Danger*. This method was the inunction of bacon-fat, by means of which the dryness of the skin disappeared, the itching stopped, the circulation of the blood was promoted, and the period of desquamation was modified. "Owing to the fatty covering, the skin is kept moist, and the cuticle prevented from being driven about the room by currents of air, and thus one fertile source of infection is kept closed up." Schullmann published a second volume,³ in 1853, concerning massage with oil in scarlet fever and measles.

In 1850, Taylor⁴ wrote a work on friction with lard and beef-suet, giving cases of cure of typhus, scarlatina, measles, dropsy, nervous diseases, delirium tremens, and hydrocephalus. Then appeared works by Bauer,⁵ La Pierre,⁶ a history of inunction by Simon,⁷ and a volume by Mole⁸ on the same subject. The young English athletes are said to use the aliptic art nowadays as did the Greeks and Romans.⁹ In the *Lancet*, of January, 1870, is an article on the use of warm-oil baths in the diseases of children, atrophy, bronchitis, convulsions, diarrhoea, fevers, and cachexias, which is summed up in this wise:

1. The skin action is more completely and permanently restored by this treatment.

2. The danger of reaction is avoided, for there is no sudden change of temperature; and moreover the sheet of oil protects the surface from atmospheric influences.

3. It acts as a fuel-food, not only preventing waste of tissue, but actually increasing the bulk of the little patient.

4. It does not depress, but on the contrary appears to exhilarate.

As regards the progress of the aliptic art, the literature is being added to every day. From time to time have appeared articles in our medical journals, one even in the *Popular Science Monthly*, of October, 1882. Perhaps Dr. S. Weir Mitchell has done more than any other in this country toward the revival of this art, and his marvellous cures in chronic cases of debility, nervous prostration, anæmia, emaciation, amenorrhœa, and even phthisis,

as described in his little book on *Fat and Blood*, and sundry articles in journals, bear evidence to the efficacy of this treatment by massage, as he chooses to call it. It is significant that he requires the use of cocoa oil or vaseline in conjunction with friction, and hence we have, after a score of centuries, the art practised by the Roman aliptæ brought forcibly before us again, but the aliptæ are now dubbed *masseur* and *masseuse*, while the aliptic art comes to us in French disguise as *massage*.

The rubbing of the body with oil requires system. It cannot be properly carried out by a novice. It is more than mere friction of the skin. The aliptic art should be taught in nurses' training schools by competent lecturers and demonstrators. The accomplished aliptæ of to day must have some knowledge of anatomy, of physiology, have strong, soft hands, and a great deal of patience.

I cannot here go into details with regard to the method of rubbing. Suffice it to say, that beside friction of the skin, firm pressure is necessary, blows with the soft parts of the hand, and a kneading of the whole substratum of muscular tissue. The rubbing should be in the direction of the current of venous blood, and all the muscles of the body should be treated in groups, one after the other. The laws of Hippocrates with regard to friction are still applicable: "Violent friction hardens the tissues; gentle softens; long-continued diminishes; moderate increases."

Dr. Mitchell has shown that the temperature rises in patients thus treated, probably due to the active increase of the nutritive processes in the tissues which rubbing undoubtedly causes. The circulation is visibly increased in all parts so treated. The manipulations become exhilarating and soothing to the patient. The venous circulation being assisted by rubbing toward the heart, it is probable that the excretion of disintegrated matter and the entrance of arterial blood into the tissues are hastened. As to oils to be used, we have some that are simple, emollient, nutritious, non-irritant, and protective from changes in temperature, such as olive, cocoa, flaxseed, and sesame, then lard and suet, and the sweet principle of oils, glycerine, any of which can be made fragrant and grateful to the patient by the addition of a few drops of oil of roses, violets, lavender, or rosemary. We have a large number of oils which are stimulant and rubefacient, notably cajuput, anise, cinnamon, cloves, caraway, fennel, pepper, nutmeg, peppermint, and rue. Oil of sage is astringent, turpentine styptic, bitter almond oil sedative, croton and mustard irritant. Almost any quality of oil—astringent, rubefacient, anæsthetic, irritant, antiseptic—may be obtained by combination with different drugs.

For paralysis and many other nervous disorders, for all diseases accompanied by general venous stasis, for all the chronic inflammations, for insomnia, atrophy of the muscles, obesity, syncope, for superficial pains, for establishing collateral circulation after ligation of arteries, for obtaining healthy action of the skin, for exercise and nutrition of the body, and I may add for treatment of all specific infectious fevers—until we shall discover some med-

¹ Gräberz de Hemsö. Observation authentique sur la Peste du Levant et l'efficacité de l'Huile contre cette maladie.

² C. Schullmann. Die sichere Heilung der Scharlach-Krankheit durch eine neue völlig gefahrlose Heilmethode. (Vide Br. and For. Med.-Chir. Rev., July, 1858, p. 155.)

³ Idem. Die Fetteinreibungsmethode in ihren Heilwirkungen gegen Scharlach und Masern-Krankheit.

⁴ W. Taylor. On a new and successful treatment of febrile diseases through the medium of the cutaneous surface.

⁵ H. Bauer. Die Oelkuren als Oeleinreibungen im Bad Sebastianweiler, 1856. Des frictions d'Huile comme méthode hygiénique et curative, 1857.

⁶ C. La Pierre. Die Inunctionskur. 1860.

⁷ F. A. Simon. Geschichte und schicksale der Inunctionskur. 1860.

⁸ B. Mole. Istruzioni e prescrizioni varie intorno all'uso ed applicazione dell'Olio medicamentoso: elementi fondamentali di un novello sistema endermico. 1873.

⁹ Lancet, Jan. 1876. Letter from headmaster of school.

icine certainly destructive to specific bacteria—for all these the aliptic art is our chief scientific remedy.

CONGENITAL UNILATERAL ATROPHY.

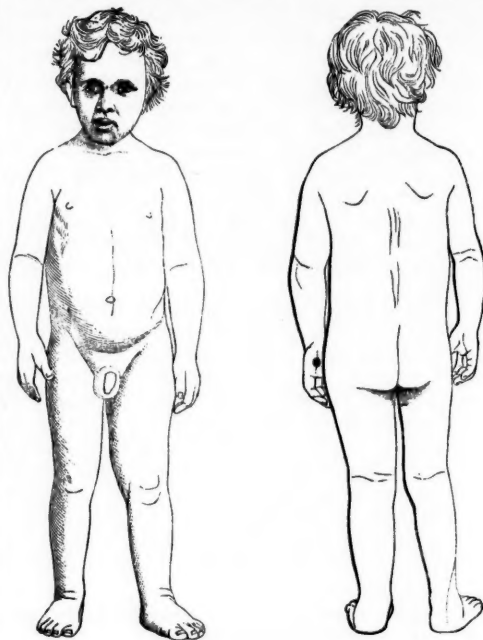
BY SUMNER PIXLEY, M.D.,
OF PENINSULA, SUMMIT COUNTY, OHIO.

On the twenty-second day of August, 1876, I was called to see Mrs. A. M., who was in the labor of her third confinement. (Her first child was a boy, who lived eleven days, and died of some disease of the lungs, as reported to me. Her second child, a girl, now nine years old, is well formed, and has always enjoyed good health.) There was nothing unusual in her labor. It was perfectly natural, the child, a boy, crying lustily as soon as born. I discovered at once that the entire right side of the child was much smaller than the left, a fact which caused much curiosity and speculation among the lady attendants present. From his birth to the present time the boy has been so healthy as to require no medical aid, but continues to grow with the same deformity that he had at birth. The exact measurements of the boy, taken at two different times, are as follows:

	Age, 4 years 6 mos. Height, 39½ inches.		Age, 6 years 6 mos. Height, 45 inches.	
	Right Side.	Left Side.	Right Side.	Left Side.
	Inches.	Inches.	Inches.	Inches.
From sternum to spine, around point of shoulder,	11 ⁵ / ₁₆	12 ⁶ / ₁₆	11 ⁸ / ₁₆	13 ⁸ / ₁₆
Length of humerus,	7 ¹ / ₈	8 ¹ / ₈	9	9 ¹ / ₈
Length of whole arm,	15 ¹ / ₈	16 ¹ / ₈	15 ¹ / ₈	17 ⁶ / ₁₆
Circumference of shoulder, . .	7 ⁷ / ₈	8 ¹ / ₈	8	9 ⁷ / ₈
Circumference of forearm, . .	6 ¹ / ₈	7 ¹ / ₈	7 ¹ / ₈	8 ¹ / ₈
Length of whole leg,	18 ¹ / ₈	19 ¹ / ₈	22	23 ¹ / ₈
Length of femur,	10 ⁹ / ₁₆	10 ¹ / ₈	12	12 ¹ / ₈
Length of tibia,	8 ⁸ / ₁₆	8 ⁸ / ₁₆	9	9 ⁸ / ₁₆
Circumference of femur,	12 ² / ₁₆	14 ¹ / ₁₆	14	16
Circumference of knee,	10 ⁹ / ₁₆	11 ¹ / ₁₆	11 ⁴ / ₁₆	12 ³ / ₁₆
Circumference of chest, over nipple,	10 ² / ₁₆	12	11	12 ⁴ / ₁₆
Circumference of abdomen, over umbilicus,	11 ⁴ / ₁₆	12 ⁶ / ₁₆	12 ⁶ / ₁₆	13 ² / ₁₆

The right side of the head is much smaller than the left, and the superior and inferior maxillary bones of the right side are so diminished in size that the teeth do not touch within one-sixteenth of an inch, consequently all fine mastication is performed on the left side of the mouth. The first incisor of *left* superior maxillary made its appearance at eleven months, and in the inferior maxillary soon afterward. The remainder of his teeth on this side came in regular order to the full number. The first incisor of *right* superior maxillary made its appearance at seventeen months, and the first of

the inferior maxillary at twenty months, the rest following in regular order, with the exception of



the last molar, which has not yet appeared. Motion, temperature, and sensation in both sides are alike, and his intellect is equal to children of his age. He is right-handed, his tongue, when protruded, points to the right, and in erection his penis points towards the right side. There has been no hereditary taint in his ancestors as far back as I can trace. The appearance of the boy is well shown in the illustrations from photographs taken at the time the first measurements were made.

ACUTE TONSILLITIS,

AS OBSERVED AND TREATED IN THE DEPARTMENT FOR DISEASES OF THE THROAT AND NOSE OF THE PHILADELPHIA POLYCLINIC AND COLLEGE FOR GRADUATES IN MEDICINE.—EFFICIACY OF THE COMPOUND GUAIAC GARGLE AND OF THE SALICYLATE OF SODIUM.

By S. SOLIS-COHEN, A.M., M.D.,

ONE OF THE CLINICAL ASSISTANTS; DEMONSTRATOR OF PATHOLOGY AND MICROSCOPY.

For therapeutic purposes, according to the teaching of Prof. J. Solis-Cohen, and as practised in his clinics, cases of acute tonsillitis may be divided into two classes: 1st, simple inflammatory or local; 2d, rheumatic or constitutional.

Each of these classes might be extensively subdivided, according to the most prominent objective or subjective, anatomical or pathological manifestations. Such refinement in nomenclature (for this alone is it, practically) is, however, unnecessary in arriving at the therapeutic indications. For whether

the tonsillitis be unilateral or bilateral, or the two glands be affected consecutively—whether the inflammation be superficial or deep-seated, circumscribed or diffuse, limited to the follicles, or involving all the component structures—whether the morbid process be confined to the tonsil, or extend more or less widely among neighboring tissues—any particular case having been properly assigned to one of the two groups mentioned, its treatment need not be materially changed.

Of course, should suppuration threaten or occur, or should the enlargement of the tonsils be such that respiration becomes seriously impeded, incision, scarification, or other appropriate surgical procedure may be required. But when the patient is seen early, say within the first twenty-four hours, such accidents are very unlikely; if, indeed, the tendency to grave manifestations be not entirely averted. At all events, they did not arise in any of the cases treated at the Polyclinic.

The treatment has been as simple as it has been eminently successful; the principal reliance having been placed upon two remedial measures only, each of which seems entitled to be termed specifically appropriate for the particular group of cases in which it has been employed.

I. Simple Inflammatory Tonsillitis.—When the principal objective symptoms consist in alteration of voice, and more or less redness and enlargement of one tonsil, with or without swelling of the glands at the angle of the jaw; there being little constitutional disturbance; the pain complained of being chiefly due to tension; the odynphagia which is usually present having manifested itself after the swelling of the gland has been noticed; the disease may be considered as a local affection.

The treatment adopted in such instances is a modification of the old and well-tried *guaiac* treatment; and consists in the employment as a gargle of a mixture long known throughout the West and Southwest under the name of "diphtheria mixture" and similar titles. This is known in the House Pharmacopoeia as the *Gargarysma Guaiaci Composita*. Two fluidrachms each, of the ammoniated tincture of *guaiac* and the compound tincture of cinchona, are mixed with six fluidrachms of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution, consisting of eighty grains of chlorate of potassium, in sufficient water to make four fluidounces, is then gradually added, the shaking being continued. If the apothecary is careful to make this preparation *secundum artem*, a not unpleasant mixture will be obtained. Without due care, however, the resin will be precipitated.

The patient is directed to gargle with this mixture freely and frequently, at intervals varying from every half-hour to every three hours. In some instances, a saline cathartic is first administered. Should any of the *guaiac* mixture be swallowed, it is considered rather beneficial than otherwise, and its deglutition is sometimes recommended.

Relief is usually experienced within a few hours, and recovery is prompt. Patients often return only to report their cure.

A young colored man had been attacked about eight hours before presenting himself at the clinic. When the writer saw him, there was great enlargement of the left tonsil, causing intense pain, and preventing deglutition of solids. The submaxillary gland and some of the cervical glands of the same side were so much swollen that he was compelled to bend his head down toward the right shoulder. This patient reported himself well, sixteen hours after coming under treatment. In his case, one ounce of Rochelle salts was first administered, and the compound *guaiac* gargle was directed to be used every two hours; but the relief following the first application was so grateful, that, in order to secure freedom from pain, the patient resorted to his medicine every half-hour or so.

A little girl of seven years was brought to the clinic with unilateral folliculous tonsillitis, a few hours after she had begun to complain of pain in her throat, and was told to use the compound *guaiac* gargle at intervals of two hours. She did not return until a month later—June 16—when she was brought for treatment of an acute coryza. Her mother remarked: "That medicine for her throat worked like a charm. She got worse for a few hours, but was well next morning."

Several similar cases of prompt relief could be cited in addition.

II. Rheumatic or Constitutional Tonsillitis.—When the first manifestation of the disease (excluding prodromata of headache, malaise, etc., which may or may not be present) is intense pain upon deglutition, causing great accumulation of saliva from unwillingness to swallow the excessive secretion; examination of the fauces revealing perhaps a slight congestion—perhaps nothing; more or less febrile reaction soon ensuing; the case may be assigned to the second or rheumatic group.

In these cases, the odynphagia cannot be explained by anything visible upon inspection. It is sometimes referred to a point representing the entrance into the oesophagus, and examination with the laryngoscopic mirror will show some redness of the mucous membrane covering the arytenoid and supra-arytenoid cartilages and the pharyngeal surface of the cricoid cartilage. More or less soreness in the throat is constantly present; respiration often becoming painful, and phonation excessively so.

Some hours after, as the headache, pulse, and temperature decline, one or both tonsils become enlarged; usually one consecutively to the other. The follicles are often distended with a caseous or sebaceous material, which, under the microscope, is seen to consist of scattered (pavement) epithelial cells, some oil globules, and a mass of granular detritus, mingled with which are the spores and filaments of the *Leptothrix buccalis*, *Oidium albicans*,¹ rod-bacilli, and other fungi, as usually found in the secretions both of healthy and of diseased tonsils.

¹ Or something which I cannot distinguish from it. I have seen this fungus in but one case, and curiously enough, in this instance there were no aphthae upon the mucous membrane covering the hard palate; though I have observed aphthous sores in several of these cases, and especially in the neighborhood of the incisor teeth.

Some drops of blood from an inflamed tonsil, in one of these cases, showed great deformity of the red corpuscles, and unusual size and number of the white corpuscles, which were more than ordinarily granular; but no micrococci could be detected therein. A drop of blood from a finger of the same patient presented nothing abnormal.

Usually, as the pain in the throat subsides, muscular soreness occurs in the neck, back, and loins; oftentimes in the sterno-cleido-mastoideus of the side corresponding with the tonsil first enlarging. Sometimes the soreness is experienced in one or more of the limbs; and some one of the larger joints may become more or less stiff, though neither red, swollen, nor painful. Indeed, rheumatic or rheumatoid pains may flit from one portion of the body to another, during several days. In rare instances, transient albuminuria follows.¹

These cases are treated with *salicylic acid* or *salicylate of sodium*. The constipation usually present, due either to the disease or to the remedy, is relieved with an appropriate saline cathartic.

The following formula makes a pleasant and efficient mixture:

R.—Sodii salicylatis, 3ij.
 Ol. gaultheriæ, ℥j (vel. q. s.).
 Liquoris ammonii citratis,
 Syrupi simplicis, aa f 3ij.—M.
 S.—A tablespoonful every two hours.

As soon as the pains are relieved, the intervals are lengthened; or salicylate of quinine or of cinchonidine is substituted, as a tonic, in five-grain doses at intervals of four or six hours. Ringing in the ears (an occasional occurrence) calls for cessation of the salicylates; when it usually passes away. In one case, where persistent, it was relieved by small doses of the infusion of digitalis. During the progress of the more acute symptoms, the patient's comfort may be promoted by allowing small lumps of ice to melt in the mouth from time to time, or even by the use of the compound guaiac gargle.

Stiff-neck, the most annoying of the muscular complications, should it be severe, is relieved by faradization more promptly than by medication; the negative electrode being applied to the painful spot, or moved along the course of the sterno-cleido-mastoid muscle, the positive electrode being grasped in the hand of the same side. The same measure is, of course, applicable to other muscles.

HOSPITAL NOTES.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of LOUIS A. DUHRING, M.D.,
 PROFESSOR OF DISEASES OF THE SKIN IN THE UNIVERSITY OF PENNSYLVANIA.

(Reported by HENRY WILE, M.D.)

SCORBUTUS WITH FOLLICULAR PURPURA.

The patient before us, a Hungarian by birth, and speaking only his native language, can give us no information in regard to his condition. His history must remain blank. On examination, it is found that the

lesions are, for the most part, confined to the lower extremities, and appear in the form of minute, pin-head-sized, dark-red, some confluent, but, for the most part, discrete spots, occupying the tissue around the hair-follicle. Passing the hand over the skin, we find it harsh and dry. Pressing on the spots with the finger, they do not disappear. They are plainly due to hemorrhages, and to no inflammatory process. These hemorrhages have taken place around the hair-follicles, and are by no means recent, as is indicated by that dark color.

The general surface of the body has a dark-yellow hue, and examining the general condition of the patient we find absence of fever, tongue normal, but the gums soft, spongy, and showing a tendency to bleed. With these observations, together with the lesions on the skin, we have no hesitation about the diagnosis. The dermal manifestations of this disease are of variable size. Here the lesions are small, often they are in the form of large patches. The disease is the result of malnutrition, want of fresh vegetables, fresh meat, etc. The treatment will consist mainly of a suitable nutritious diet. No local applications whatever are indicated.

CHRONIC TINEA TONSURANS IN A NUMBER OF BOYS.

Eight little boys, with ages ranging between seven and ten years, are sent here for advice on account of a certain chronic affection of the scalp. Coming from a large institution, and presenting lesions similarly located, and with similar appearances, naturally leads us to suspect a contagious disease, especially a disease caused by the presence of a fungus. The diseases occurring thus are two in number, *Tinea tonsurans* caused by the trichophyton fungus, and *Tinea favosa* caused by the *Achorion Schönleini*. The latter is rare, but the former is quite common, occurring often endemically in large institutions for children.

When a number of such cases as these are brought before us for examination, the matter of the differential diagnosis is most important. For certain forms of eczema, seborrhœa, psoriasis, may simulate this disease so closely that nothing but the microscope will give the decision.

Where this disease once gets a hold in a large school or institution it becomes a difficult matter to cure it, and sometimes it defies every method of treatment. In regard to the prognosis, we must make a distinction between acute and chronic ringworm, always remembering that the acute form yields, as a rule, readily to treatment, while the chronic form may be exceedingly obstinate.

The first of these boys, about eight years old, presents, on the top of his head, a chronically inflamed spot about the size of a silver half-dollar, and over the vertex are small, pale, scaly spots. On none of the lesions is the hair absent, and seizing a hair with the forceps, we see it is not loose, and in extracting it considerable force must be used. The question is, have we here a case of seborrhœa, eczema, or ringworm. We may exclude seborrhœa, on account of the infiltration and inflammation. The points in favor of eczema are the facts that there are no bald patches or loose hairs; yet the fungus sometimes attacks the epidermis, and not immediately the hair-follicle. In this case, the microscope alone can give satisfaction, but the disease is probably parasitic.

The second boy states that he has had the affection on the scalp for five years. The lesions have the same general characteristics as those in the first case. Having existed for such a long time, we should expect to find those short, broken-off hairs which are of special diagnostic value; but on examination we can find none. Where this disease is so chronic, and has been

¹ This has not been met with at the Polyclinic, but in private practice.

under different modes of treatment, it may become difficult to see those features which are characteristic. In this case, we also find on the back of the right wrist an irregularly shaped, ill-defined patch, about the size of a silver dollar. It is of five weeks' duration, irregularly round in shape, somewhat elevated, pale-red, and spotted with a scant amount of fine dry scales. It also has been modified by treatment, but it is *Tinea circinata*.

The third case is almost identical with the one just looked at; we find a similar scaly patch on the scalp, but without those broken-off hairs. Having been under treatment, we should judge that the cases thus far are on the road to recovery.

In the fourth case we have another picture, one which is eminently characteristic of *Tinea tonsurans*, where we find any number of those broken-off hairs. Here we undoubtedly have a clear case of chronic ringworm. This case presents on the scrotum and about the groins a papular and vesico-papular eruption, which has no connection with the other disease, but is distinctly eczematous in character.

The fifth case is much like the first. There are no broken hairs, but those present are matted down to the surface of the scalp, not with exudation, but with layers of dry, yellowish-white scales.

The sixth case presents a diffused patch similar to the others, but here and there the characteristically diseased hairs can be seen.

The last two cases present lesions, which in location and general appearance are like the foregoing.

Thus it is seen that only two boys show the disease typically, so that in these cases there can be no doubt as to the diagnosis. In the other cases the microscope will have to be resorted to before a positive diagnosis is given, but we may say that there is little doubt that all the cases are instances of the same disease. It is eminently a disease of childhood, adults never being affected. The skin of the adult seems to be no habitat for the fungus, so that when the patient becomes an adult the disease disappears. As this takes time, and as there is danger of infection, active treatment should always be resorted to.

As regards treatment of these boys, representing instances of chronic ringworm of the scalp, nothing short of a thorough, severe, and prolonged application, together with long-continued depilation can bring about a cure. Depilation is extremely important, it must be carried on systematically. As regards the value of parasiticides, a number of remedies are found useful, *e. g.*, sulphur ointment, ointment of the nitrate of mercury, ointment of the oleate of mercury, iodine, carbolic acid, and these remedies in various combinations. When the disease is circumscribed, applications of croton oil offer perhaps the best means of treatment, applied with a view of bringing about artificial kerion. The treatment is severe, but by no means so painful as one might suppose. Applications may be made every day or every other day, according to the sensibility of the scalp, a simple poultice being applied in the mean time. As soon as kerion sets in the hairs become loose, and are very easily extracted, after which cure sets in rapidly. Where the disease is diffuse, occupying the greater part of the scalp, a part only should be treated by croton oil; other parts may be treated with some parasiticide in the form of an ointment, *e. g.*, chrysophanic acid two drachms to the ounce. Where it is not advisable to use the oil, one of the ointments named above, or chrysophanic ointment may be applied together with depilation. The scalp in chronic ringworm stands strong remedies remarkably well, and there is little danger of getting the remedies too strong. Equal parts of ointment of the nitrate of mercury and sulphur, or equal parts of the

oleate of mercury (seven per cent. strength) and sulphur ointment may be mentioned as useful.

As regards prognosis in cases of one or two years' standing, when lesions are diffuse, as in several of these boys, from six months to one year will probably be necessary to bring about a cure; other cases require a longer time, even two years will be necessary to bring about a successful result. This remark applies to bad, neglected cases in public institutions, where the scalp is dotted with broken-off hairs on a level with the skin. In these virulent cases, the disease often crops out in the face of active treatment, and this continues its course, being better and worse from month to month.

MEDICAL PROGRESS.

BISMUTH DRESSING.—The bismuth dressing recommended by Kocher has given excellent results in the hands of M. RIEDEL, of Aix-la-Chapelle, both in fresh and septic wounds. Its employment is in the highest degree appropriate for drying up the secretion on the surface of wounds and hastening the closure of their borders. This last effect is equally manifest when bismuth is applied to a wound of the pleura or peritoneum, as M. Riedel has observed from experiments on animals; this being due to a constant disengagement of very small quantities of nitric acid, which is endowed with a plastic action. This effect may be surpassed when very large quantities of the bismuth are applied, and eschars may result, though this has not occurred in sixty-one cases of various injuries, eight of which were complicated with erysipelas. On account of the occasional erysipelatous complication, M. Riedel has combined corrosive sublimate with the bismuth dressing. In twenty-three cases dressed with the combination there was no phlegmon, and only one case of erysipelas.—*Gaz. Med. de Paris*, May 12, 1883.

TREATMENT OF ZYMOTIC PYREXIA BY INHALATION OF AMMONIATED CHLOROFORM.—So long ago as 1853, Dr. B. Ward Richardson treated a case of what was then called phagedænic croup by inhalations of the vapor of chloroform and ammonia in combination. In the epidemic which occurred at Mortlake at that time, he had found, on post-mortem examination of three fatal cases, separation of fibrine in the heart, and had assigned the cause of death to the resultant obstruction. He was led, thereupon, to administer ammonia very freely, by the mouth, in such cases, in order to maintain the fluidity of the blood. In the particular case to which he refers, the patient was a child, six years of age, who absolutely refused to swallow medicinal doses of ammonia. In the house in which he lived there had been a death of another child from the disease, and as, in this new case, death seemed certain, he determined to administer the ammonia by inhalation in combination with chloroform, the parents of the child yielding a willing assent to what they felt was, in fact, a last chance. With very little trouble, he produced a gentle narcotism with the combined vapors, and was then able to increase the quantity of ammonia considerably. He kept up the inhalation for fourteen hours, administering food by enemata. The patient began to breathe with comparative ease within an hour after the commencement of the inhalation. In the course of three hours, he had a loose cough, with expectoration, which was easily ejected, although there was continued sleep. The fever rapidly subsided, and, when the vapors were finally withdrawn, there was quick return of consciousness, with complete subsidence of the acute symptoms. The recovery was rapid and complete.

In connection with this subject, he was once led to inquire what effect the vapors of ammonia and chloroform alone and combined had on putrefactive changes. He learned thereupon that each vapor in its separate state is a remarkable antiseptic, and that the two act admirably in combination.

Experiments have yielded a demonstration of a specimen of blood which had been perfectly preserved in the fluid state, and free from any trace of decomposition during twenty years.

Recently he has recurred to his original plan of administering the vapors of chloroform and ammonia in combination in cases of zymotic fever, and thus far the practice seems exceedingly easy, and to promise valuable results.

He takes an alcoholic solution of ammonia (.838 alcohol saturated with ammonia), and mixes it in equal parts with chloroform or methylene bichloride. When the solutions are mixed, any separation of water that may occur is removed, and in this way a clear mixture of ammoniated chloroform is obtained ready for use. In administering this compound by inhalation of the vapor, two fluidrachms of it are put into a small Wolf's bottle, and the bottle connected with a leather inhaler armed with an expiratory valve. The mouth-piece of the inhaler is held close to the mouth, and the patient is instructed to inspire until bubbles of air are drawn pretty freely through the fluid in the bottle. The inhaler is in this manner charged with the vapors which are drawn into the lungs.

From the first, the ammonia vapor is deprived of much of its pungency by the presence of the chloroform, and in time, as the narcotic begins to take effect, the pungency of the ammonia is covered so effectually that larger quantities of it can be inspired without cough or irritation. During the past week, in a puerperal case, under the care of Dr. Rogers, in which he suggested this method in consultation, the patient inhaled freely every two hours for three days without the slightest discomfort, and with obvious direct advantage. The effects of the inhalation seem to him to extend in four directions: 1. Under the sedative action of the narcotic, relief from pain is obtained, and repose, if not actual sleep, is secured. 2. Under the combined influence of the vapors, there is reduction of temperature. 3. Under the influence of the ammonia, there is a sustained fluidity of the blood and a production of freedom of secretion. 4. Under the action of the combined vapors, there is an antiseptic result which is always favorable.

The principle is that through inhalation we should learn how to reduce zymotic fever at once, with direct precision, and without employing any of those medicinal agents which have to pass slowly into the system by absorption through the stomach, have to pass out of the system by slow elimination, and after all do not immediately command the position that ought immediately to be attained in the management of acute disease.

There are several vapors which reduce temperature more rapidly than those named, and it is probable that there are vapors less complex, and yet possessing the same properties. It is also probable that in some forms of zymotic fever, more or less alkaline vapor may be required than in other forms.—*Lancet*, June 9, 1883.

WOUND OF THE THORACIC DUCT.—M. BEGEHOLD, when assistant to Wilms, saw, during the extirpation of a tumor of the neck, a milky liquid flow from the wound, which proved to be chyle, and without doubt came from the thoracic duct. The wound was tamponed and the flow arrested. The patient recovered, but subsequently had a return of the tumor in the same

place, which, on examination, proved to be carcinomatous. Begehold has not been able to find a similar example in medical literature.—*Gaz. Méd. de Paris*, May 12, 1883.

NEW REACTION OF URINE AND MILK.—M. CH. RICHEL has discovered that iodohydrargyrate of potash, by the reduction of metallic mercury under the influence of organic substances, enables us to easily measure the extractive matters contained in the urine. This salt, which is decomposed by neither urea nor uric acid, is almost instantly attacked by the extractive matters, and is precipitated as metallic mercury. From a series of experiments, M. Richet has established the fact that there is a very close relationship between the quantity of urea and the amount of extractives in the urine. This reaction is not confined to the extractive matters of urine, but is applicable to other physiological secretions, as milk. It is known that milk contains a substance, the nature of which is but little known and possessing the reaction of ptomaines, which instantly throw down cyanide of iron from ferrocyanide of potash, and then, by the addition of a drop of neutral chloride of iron, give rise to the formation of Prussian blue.—*L'Abeille Méd.*, June 4, 1883.

HYDATID CYSTS OF THE SPLEEN.—During the past twenty years, forty-seven cases of hydatid cyst of the spleen have been observed in five thousand patients in l'Hôtel Dieu de Rouen. Among these, the heart, muscular tissue, epiploon, broad ligaments, brain, and lungs, have been affected in twenty-three cases. The remaining twenty-four had had hydatid cysts of the liver, and in only one of these did the autopsy show simultaneous affection of the liver and spleen by the hydatids. Though there is no question as to the occurrence of primary cysts in the spleen, they are not frequent.

The diagnosis of splenic cysts is difficult. They simulate, in their onset and progress, functional troubles of other organs. A patient, whose history is reported by M. Gerin-Rose, gradually lost flesh for two years; he had epigastric pains for a year, digestive troubles, vomiting of black material, liquid stools, and inability to retain food, and presented the physical signs of cancer of the stomach, although the volume of the tumor was against this diagnosis; an exploratory puncture revealed its true nature, which was further substantiated by a post-mortem examination—an hydatid cyst of the spleen. In a case reported by Legroux, the patient had received a blow in the side three weeks before the appearance of the tumor. The rapid growth of the tumor led to a diagnosis of abscess of the abdominal wall by M. Robert, but Legroux detected the hydatid thrill, and his diagnosis was confirmed by the autopsy. When the splenic tumor exists simultaneously with a cyst of the liver, as in the case of a patient of M. Leudet, the latter is easily recognized during life, but the former will be obscured until the autopsy. As regards treatment, M. Sevestre punctures recent cysts with retractile walls, but in old tumors, Récamier's proceeding, incision with a bistoury and the thermocautery with strict antiseptic precautions, is preferable.—*L'Union Méd.*, June 23, 1883.

EXTIRPATION OF THE KIDNEY.—DR. ISRAEL performed this operation on a young woman on May 6th. Simon's incision was used, commencing at the middle of the twelfth rib and running down for two and three-fifths inches. The disease was found to be pyonephrosis, as was diagnosed. The patient died on the fourteenth day.—*Deutsch. med. Wochenschr.*, June 13, 1883.

RESORCINE.—BRAUM has used resorcine in three hundred cases of ephemeral fever of infants, in which there was hyperpyrexia, and invariably it produced a fall of temperature to normal, and in a few cases also great lowering of the temperature with profuse perspiration. The usual dose was grs. xlv, repeated during the day, with no attendant nervous phenomena. In paludal fever resorcine is but very little, if at all, inferior to quinine. Ugo Bassi has reported 17 cases of recovery of 20 cases in which it was used. The dose varies from grs. xxx-xlv during twenty-four hours, to be given for several days. Its cheapness is an especial recommendation. Skibnewsky has reported two rapid recoveries from erysipelas after the hypodermatic injection of a one-twentieth solution. Between ten and twenty injections were made in the erysipelatous parts. These injections were followed in less than ten hours, not only by disappearance of the fever, but by an abnormal fall of temperature. It has been successfully used in parasitic skin diseases. Justus Andeer has recently reported a case of malignant pustule, with erysipelatous areola which had invaded a large part of an upper limb and was beginning to show signs of general infection. The case was cured in a few days by the application of a thick coating of resorcine and vaselin 50-100 to the affected limb, which was then enveloped by gauze and a bandage. On the following day the pain and tension had diminished, the surface of the limb was taking on a healthy aspect and the erysipelato-vesicular eruption disappeared. Resorcine produces no local irritation, does not produce hemoglobinuria as does naphthol, nor symptoms of poisoning, as do carbolic and pyrogallie acid, etc.—*L'Union Méd.*, July 19, 1883.

HYGIENIC AND THERAPEUTIC PROPERTIES OF CRESSSES.—According to an analysis by M. Chatin, cress contains an essential oil of which the base is allyl, a bitter extract, iodine, iron, phosphorus, and certain salts. M. N. GUENEAU DE MUSSY reports the case of a woman of sixty years who had been unsuccessfully treated for fifteen years for chronic eczema. The eczematous eruption had attacked the tongue and rendered deglutition painful and difficult. After ordering arsenic and other remedies without result, M. de Mussy prescribed a large quantity of water cresses every day. In five months there was very decided amelioration of the symptoms, and the eruption had entirely disappeared from the tongue. This prescription was equally efficient in another chronic case.—*Gaz. Hebdom.*, June 22, 1883.

CASE OF VIOLENT HEMORRHAGE FROM THE LEFT EXTERNAL AUDITORY MEATUS FOLLOWING A COLD ABSCESS; SUBSEQUENT RUPTURE OF THE LEFT INTERNAL CAROTID, CAUSING DEATH IN A FEW SECONDS.—Dr. R. B. Davy, of Cincinnati, reports the case of a little girl, three years of age, suffering from restlessness, coated tongue, sore throat, and slight fulness of the left side of the neck. In the act of examining the throat (the child resisting), an abscess of the left ear broke and discharged about a teaspoonful of reddish pus. After a few hours a violent hemorrhage from the ear set in, and in the course of two days fully a quart of blood had been lost. Most of this quantity was discharged at two bleedings, the pillows being stained only with small spots in the intervals. The hemorrhage ceased spontaneously, and for nearly a week the ear discharged pus, gradually losing the reddish cast. The auditory canal was now examined with reflected artificial light, and the membrana tympani found to be intact. The child was improving, though very pale. On the fifth day after the last hemorrhage, another quite as violent as the first occurred. The ear was now

plugged with a bit of sponge, and the bleeding was checked. Simultaneous with the plugging, there appeared a swelling about the size of the longitudinal half of a hen's egg extending from the left mastoid process downwards and forwards. This swelling increased in size until late in the afternoon when the plug was forced out of the ear, the blood spurting at least a foot from the child's head, and the tumor diminishing in size. The ear was now more firmly plugged and ice-bags applied to the swelling, which had returned immediately. The next day the swelling was perceptibly smaller, and had a leathery feel on firm pressure; but the third day afterwards it again increased in size and showed signs of suppuration, though there was no pointing externally. On the following afternoon, the left internal carotid artery ruptured in the mouth, and the child bled to death in a few seconds. The post-mortem examination revealed at the site of the swelling a deep-seated abscess, whose contents had come in contact with and injured the coats of the vessel in question, causing them to give way. The loss of blood during the fatal hemorrhage amounted to but little over half a pint. Careful inquiry for a history of hemorrhagic diathesis was made, but no facts pointing to such a condition could be elicited. The Doctor concludes that the first hemorrhage was caused by ulceration of the coats of the posterior auricular artery.—*Cincinnati Lancet and Clinic*, July 21, 1883.

TREPHINING FOR TRAUMATIC RUPTURE OF THE MIDDLE MENINGEAL ARTERY.—KRÖNLEIN reports two cases. The first case, seen on the day after the injury, was in a profound stupor; no paralysis; pulse 58. Subsequently there was incomplete paralysis of the right leg, complete paralysis of the right arm, ptosis, and facial paralysis. Hemorrhagic effusion from rupture of the middle meningeal artery was diagnosed, and Krönlein performed trepanning on the fourth day, but no extravasation was found. Post mortem examination showed a large hemorrhagic effusion, which had escaped from a branch of the middle meningeal, pressing upon the anterior central convolution.

The second case, male, æt. 60, had a fall, became unconscious, and passed into a comatose condition. The left side was paralyzed, there was slight facial paralysis, with relaxed sphincters, and retarded pulse. There was also conjunctival ecchymosis of the right side, doughy infiltration of the skin and soft parts of the temporal region, and pressure in that region seemed to be painful. Krönlein diagnosed fracture, with rupture of the middle meningeal artery. The patient was trephined, and an extravasation found, there being also a depressed fracture pressing on the brain. A very large amount of coagula was removed. Two months after the operation, the patient was well, with the exception of slight paralysis of the face (mouth).—*Centralbl. für Chirurgie*, No. 28, 1883.

PUERPERAL ECLAMPSIA.—Eclampsia, says DONATI, should not always be considered as the clinical expression of identical pathogenic states. He gives three forms of puerperal eclampsia. 1. *Eclampsia from mechanical causes*, by compression of the aorta by the gravid uterus, giving rise to cerebral hyperæmia and oedema, with or without albuminuria. In primiparæ this form is caused by the resistance of the abdominal walls, and in multiparæ by tight clothes and hydramnios. 2. *Reflex eclampsia*, from vaso-motor troubles of the cerebral vessels under the influence of excitations coming from the nerves of the uterus. 3. *Toxic or dyscrasic eclampsia*, in anæmic, septicæmic, or other alterations of the blood. These forms are not always easily recognized in practice; yet each has its thera-

peutical indications. In the first, drastics, derivatives, and blood-letting are indicated. In reflex eclampsia, chloroform, ether, opium, and chloral are indicated; and in the toxic form, purgatives or diuretics, according to the nature of the case.—*Gaz. Hebdom.*, July 20, 1883.

ALIMENTATION OF YOUNG CHILDREN.—The following are the conclusions presented by the Committee to the Eleventh German Physicians' Association:

1. The natural food of children—mother's milk, is to be preferred above all others.

2. Only in case of positive contraindication, or non-appearance of the milk, should a wet-nurse be employed.

3. Only in case of impossibility of obtaining a wet-nurse should artificial food be employed.

4. The contraindication against the mother nursing is actual disease or a predisposition to disease.

5. Hereditary syphilis demands the milk of the mother; that of a wet-nurse should only be used with great caution.

6. Examination of a given specimen of milk furnishes no clue as to its value in a given case.

7. Good cow's milk alone is fit to take the place of woman's milk as food for the child.

8. The quality of good, sweet cow's milk, for a child which must be artificially fed, is one of the most important essentials in the hygiene of young children.

9. All children's foods, including Liebig's soup (food), on account of the large quantity of starch contained in them, are unfit for children during the first month.—*Berlin klin. Wochenschr.*, July 18, 1883.

CLINICAL CHARACTERISTICS OF WOOL-SORTERS' DISEASE.—The following memorandum has recently been prepared for use in the inquiry now being conducted by MR. SPEAR into the occurrence of anthrax amongst men employed in hide warehouses, tanneries, etc.:

The "Internal form" or Anthrax fever.—Premonitory symptoms (of variable duration): Chilliness, aching or stiffness of limbs, and mental depression; restlessness, sense of constriction of chest, and oppression of breathing; headache, dizziness, nausea, or, less frequently, vomiting. Stage of full development. Notwithstanding the indefinite premonitory symptoms, the stage of full development is generally somewhat sudden and unexpected in its onset, so as to cause much alarm. The prostration and restlessness become extreme; there are præcordial anxiety and dyspnoea; blueness of the face and extremities (cyanosis) is conspicuous; and the patient may die within twenty-four or thirty-six hours with all the appearances of collapse or of asphyxia. A fatal termination is, however, more often postponed until from two to five days after the commencement of this stage. Other nervous phenomena—muscular paralyses, convulsions, or tetanic spasms—are then likely to develop themselves; and evidences of various acute local congestions (especially of the lungs, less frequently of the gastro-intestinal tract) are rarely wanting. Delirium is often absent; and the temperature is irregular. Exacerbations, alternating with more or less complete remissions, of the more urgent symptoms constitute usually a striking feature of the disease. Recovery is not so rare as has been supposed, even in fully developed attacks; but death may occur from a relapse, or from secondary septic processes. The body after death usually undergoes rapid decomposition, with blue discoloration and swelling, especially about the neck.

[Before the disease was identified amongst the wool-sorters, deaths were usually referred to one of the more prominent local symptoms of anthrax, and were regis-

tered as from "pneumonia," "enteritis," "peritonitis," "meningitis."]

The "External Form" of the Infection, or Malignant Pustule.—The malignant pustule attacks almost always parts of the body habitually uncovered, and most frequently the face. It commences as a small papule, which quickly develops into a vesicle, and this, being broken, pours out a little watery exudation. The base of the vesicle, and the surface immediately adjacent, dies; so that in about three days after its appearance the lesion consists of a small central black eschar, with a raised border of inflamed and tumid skin upon which vesicles are likely to be developed; a crop of secondary vesicles surrounding thus the central eschar like a wreath. The neighboring lymphatics and glands are speedily implicated; and the patient may soon lapse into the condition, described above, of constitutional infection. The pustule does not apparently always present this typical appearance; when occurring upon the hands such appearance is uncommon. It has then no central black eschar, no raised vesiculated border. It is described as "a small, slightly inflamed tumor, exuding only serosity; giving rise to comparatively little pain or even increased sensibility, but showing a tendency to set up a diffuse cellulitis." Constitutional infection may follow.—*Med. Times and Gazette*, July 21, 1883.

ACTION OF ALKALIES ON BILE.—LEWASCHEW and KLIKOWITSCH have recently made interesting experiments to determine the action of alkalies on the composition of the bile. Dogs, with fistulæ leading to the gall-bladder, were used but no canula was inserted. The animals were deprived of food and drink for twenty-four hours previous to the experiments. From these experiments it seems that artificial and natural waters have a similar action on the biliary secretion. The quantity of bile flowing from the fistulæ was diminished for some time after the administration of an alkaline water, an effect probably due to an increased flow of bile into the intestines. After this, however, the amount flowing from the gall-bladder rose above normal. The quality of the bile was the same whether artificial or natural alkaline waters were used, but with waters of different degrees of concentration, different results were obtained. The effect of carbonate of sodium on the composition of the bile was more rapid, lasting, and powerful than that of sulphate of sodium. Weak solutions were more powerful than strong and highly concentrated solutions. Consequently the mineral waters whose chief constituent was carbonate of sodium had most influence on the composition of the bile, and especially if the carbonate was not present in a highly concentrated form. The effects were earlier and more marked as the temperature of the waters ingested was raised.—*Centralbl. für klin. Med.*, July 7, 1883.

TREATMENT OF YELLOW FEVER.—M. DE LACAILLE, of Rio de Janeiro, has recently sent a communication to the Académie des Sciences relative to the successful treatment of yellow fever by carbolic acid and carbolate of ammonia. He also stated that attempts had been made to vaccinate with a weakened ferment, presumed to be derived from the yellow-fever fungus.

RESECTION OF A PULMONARY LOBE.—PROF. RUGGI, Surgeon-in-Chief to the Maggiore Hospital, at Bologna, recently resected the superior lobe of the right lung and a portion of the middle lobe in a woman, æt. 31, for phthisical ulceration. Thirty hours after the operation the patient was in a wonderfully good condition.

DIMINUTION OF THE RED GLOBULES OF THE BLOOD DURING THE ADMINISTRATION OF IODOFORM.—From experiments made on rabbits and from observations on syphilitics, HOFFER concludes that: 1. Rabbits lose weight, and show diminution in the number of the red blood-corpuscles during the internal administration of iodoform. The variations observed correspond to the alternations of suppression or administration of the drug. 2. Hypodermatic injections of iodoform in syphilitics, is often followed by anæmia. The specific manifestations were at the same time subdued by the use of the drug.—*Gaz. Hebdom.*, July 20, 1883.

CASCARA SAGRADA IN CONSTIPATION.—MR. R. A. DOUGLAS LITHGOW, in stating his experience with cascara as a purgative, says: Cascara sagrada seems to act as a tonic to the pneumogastric and sympathetic supplies of the *prima viæ*, aiding the general processes of digestion, whilst especially promoting those of nutrition and assimilation. At the same time, it so influences the secretory system as to increase deficient, and to improve and restore vitiated secretions, by regulating the action of proximate visceral and intestinal glands. From this it will be seen that its use is especially indicated in cases characterized by torpidity of the liver and an atonic condition of the stomach and bowels.

Where habitual constipation depends upon derangement of the intestinal glands, with consequent defective or perverted biliary and intestinal secretions, associated with an adynamic condition of the muscular and nervous forces of the alimentary canal—involving congestion of the portal circulation, and also of the gastro-intestinal mucous membrane—the action of cascara sagrada will be found most satisfactory, and he has repeatedly known it to succeed in relieving and regulating the bowels when all the other usual remedies had failed.

He has seen no reason to withhold its use in any case of habitual constipation of a functional character, even in those occurring amongst children; but it must be admitted that it acts differently in different individuals, some requiring more, and others less; in some, occasionally producing griping pains, while in most cases its action is quite painless. Symptoms of tenesmus can be readily obviated, however, either by limiting the dose or by combining some suitable antispasmodic with the active agent.

In the numerous cases in which chronic constipation is associated with hæmorrhoids, cascara sagrada is of especial service, as its efficient action as an aperient relieves the venous congestion; whilst, instead of irritating, as many cathartics do, it seems to exercise a soothing effect upon the rectal mucous membrane.

With regard to the dose and mode of administration, the physician should exercise some discretionary power in suiting the remedy to the morbid condition, and in combining it with such other remedies or adjuvants as may seem desirable. In our opinion small doses, frequently repeated, will be found more satisfactory than large doses; and this is what we might naturally expect from the physiological action of the drug. When chronic constipation is complicated with flatulent dyspepsia, deficient gastro-intestinal secretion, and impaired muscular tonicity of the bowel, ten to fifteen drops three or four times a day, either before, with, or immediately after meals, will be found to give the most gratifying results. Two to five drops may be given twice or thrice daily to children of a month old. Except in one case, in which an overdose had been taken without medical sanction, I have never known cascara sagrada to produce any undue local or systemic disturbance, such as nausea, tormina, impaired appetite, or eructations; and, in fact, I know of no thera-

peutic agent which is altogether so reliable and satisfactory in the numerous class of cases to which I have alluded.

Ten or fifteen drops should be taken regularly twice or thrice daily for a week, after which time, if no material improvement has been effected, the dose may be increased until the bowels have been freely relieved, when it may be gradually decreased in amount and frequency until healthy intestinal secretions and increased peristaltic action have restored the alimentary canal to its normal condition. Lactopeptin, dilute hydrochloric and nitric acids, tincture of nux vomica, liquor strychniæ, glycerine, extract of malt, aromatic syrups, etc., may often be advantageously combined with the cascara sagrada, according to circumstances.—*British Medical Journal*, July 14, 1883.

EXPERIMENTAL INHALATION-TUBERCULOSIS.—DR. A. WEICHELBAUM, after a number of experiments on this subject, thinks that the results obtained by previous experimenters are partially correct, and draws the following conclusions: 1. The inhalation of tuberculous sputum produces in dogs a true miliary tuberculosis of the lungs and frequently of other organs (bronchial glands, kidneys, etc.), but which seems to have no progressive character. 2. The inhalation of other organized though non-tuberculous substances may produce nodules in the lungs, which may, it is true, have the external signs of tubercles, but which cannot be positively identified as tubercles. In view of these results, he recommends, as a precautionary hygienic measure, that the rooms in which phthisical patients are confined should be regularly and periodically ventilated and disinfected, and that the sputa should always be disinfected and removed.—*Medizinische Jahrbücher*, 1883, Hft. ii.

CYSTS OF THE URACHUS.—DR. J. B. WUTZ has recently contributed an elaborate paper on the urachus and cysts of the urachus, in *Virchow's Archiv*, Bd. xcii. Heft 3. The paper is based upon reported cases, personal examination, and study of the literature of the subject. With regard to the urachus itself, after seventy-four post-mortem examinations, Wutz draws the following conclusions: 1. A probe can be passed from the bladder into the lower part of the epithelial canal of the middle ligament of the bladder. 2. Probing is rendered difficult at the entrance of the urachus by a small cross-fold, which also prevents the penetration of fluids during life. 3. The diameter of the epithelial canal diminishes at the upper end, as does the muscular layer. 4. A muscular layer is always present above the epithelial tube. 5. The beginning of the tendinous character of the middle ligament of the bladder corresponds, as a rule, in children to one-half, and in adults to one-third the distance from the umbilicus to the vertex of the bladder. 6. In extra-uterine life there is a growth both of the muscular layer and of the epithelial canal.

He then considers both small and large urachal cysts and draws the following conclusions: 1. All observed cysts are situated in the lower third or fourth of the distance from the umbilicus to the summit of the bladder, and arise from the normally persistent portion of the urachal canal. 2. The majority of the cysts contain strata of pavement epithelium; some contain only a single stratum. 3. All the cysts have a covering, more or less developed, of smooth muscular fibres. 4. Their size varies from that of a microscopic object to that of a bean. 5. Concretions seldom appear in the urachal canal or in the cysts; those observed by him were composed of carbonate of lime contained in an organic substance. 6. Cysts of the urachus may become the seat of an inflammatory process.

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YELLOW FEVER.

THE efficacy of a systematic effort to keep yellow fever out of the United States by a combination of the resources of the General Government with those of individual States is now being tested, and the results will be observed with interest, not only by physicians and sanitarians, but by all who are affected directly or indirectly by quarantine regulations. As matters now stand, however, at New Orleans, it is not quarantine which is being tested, but non-intercourse, which is a very different thing. By request of the State Board of Health, the Governor of Louisiana, in a proclamation dated July 24th, orders and directs that all vessels from Vera Cruz, Rio de Janeiro, Havana, and such other ports as may become infected with yellow fever, be prohibited from entering the waters of the State of Louisiana.

Evidently the Louisiana State Board of Health are unwilling to rely on their quarantine system, and are returning to mediæval methods. Nothing is said in this resolution, or in the proclamation of the Governor, as to where the infected vessels at the New Orleans Quarantine Station are to go, but it certainly could not be intended to merely drive them to sea without making any provision for the care of the sick or furnishing hands sufficient to navigate the ship, and it is probable that the proclamation has been issued with a tacit understanding on the part of all concerned that the infected ships are to go to Ship Island for treatment. It will no doubt be remembered by our readers that the previous opposition to that institution was mainly personal to the National Board, or to its New Orleans representatives.

Mean time, yellow fever has increased as usual in Cuban ports with the approach of warm weather, and in June it broke out with more than usual severity at Vera Cruz. Several ships from the latter place having yellow fever on board have arrived at Gulf ports, and have been sent to Ship Island, where four or five are under treatment at the present time. One infected steamer from Vera Cruz entered Chesapeake Bay, and another vessel having cases of yellow fever on board is at the quarantine station of Philadelphia. At the time of writing this, it is not known that any case of the disease has occurred this year in the United States, except at quarantine stations, and the season is now so far advanced that the danger of any extended epidemic this year is comparatively small. Nevertheless, Yellow Jack is trying our doors and peeping in at our windows in a fashion which causes very uncomfortable sensations in the minds of many persons in the Southwest who have had personal experience of the results when he once obtains a foothold in a city in warm weather, and it will be the middle of September before all apprehension on this account will have passed away.

While there are still great differences of opinion as to the contagiousness of yellow fever, the means by which it spreads, its period of incubation, and the possibilities of so treating a vessel infected by it that such vessel may, after a short delay, be safely allowed to come into port, the weight of evidence is in favor of the system of inspection, isolation, and disinfection recommended by the National Board of Health, which is essentially that of the New York Quarantine Station. This rests on the belief that, while yellow fever is very rarely conveyed by persons, it may be so conveyed under certain exceptional conditions not yet understood; that its period of incubation is, in almost all cases, less than ten days; that a ship which is infected with the poison may be, by thorough cleansing and disinfection, rendered harmless with so great a degree of probability that she may be allowed to re-enter the channels of commerce, and that, when so disinfected, the sooner she is allowed to receive cargo and proceed to sea, the better, because if any germs survive the cleansing process, every day's delay increases the development of the poison.

The fact that the progress of a yellow fever epidemic is limited by season makes quarantine precautions against it much more important and valuable than they are against those diseases not so limited, such as smallpox or cholera, for even if the disease finally breaks through the barrier, yet, as it increases in geometrical progression, every week's delay in its entrance which can be secured, is equivalent to cutting off a week from the epidemic when at its height.

We have no information as to whether any use is being made of the Sapelo Sound refuge station on the Georgia coast, but a United States quarantine has been established by the Treasury Department at the mouth of Chesapeake Bay: and Ship Island, lying a few miles off the coast of Mississippi, and belonging to the United States, was selected by the National Board of Health, and fitted up as a refuge station to which infected ships could be sent from any of the Gulf ports for treatment.

So long as Ship Island remained under the control of the National Board, the Louisiana authorities were bitterly opposed to its use, declaring that the New Orleans quarantine station, located on the Mississippi River about sixty miles below the city, was in all respects preferable to Ship Island as a place for treating infected or suspected vessels, and utterly refusing to either send vessels to Ship Island or to admit vessels which had been at Ship Island, until they had gone through the same quarantine formalities at the New Orleans station as if they had just come from Havana.

But on the first of July last, Ship Island with all its equipment, including hospital, storehouse, building for those not sick, disinfecting-house, and a small steam yacht, was turned over to the Marine-Hospital Service, to which the Secretary of the Treasury had decided to confide the charge of the epidemic prevention fund appropriated by Congress.

The Louisiana Board appears to be on very friendly terms with the Marine-Hospital Service, and quite willing to coöperate with it, and hence, perhaps the non-intercourse proclamation above referred to may be considered as a round-about way to obtain the benefits of the Ship Island station without directly acknowledging that the means provided by the National Board at that point are being utilized. An inspection service is being maintained on the Mississippi River under the direction of the Sanitary Council of the Mississippi Valley, but if New Orleans is going to maintain non-intercourse, this inspection seems hardly necessary, so far as yellow fever is concerned, although it is no doubt useful, as tending to secure a greater degree of cleanliness on board the boats than would otherwise be obtained.

Upon the whole there is a fair prospect that we shall escape a yellow fever epidemic this year, and shall gain some experience which will influence Congressional legislation upon national health matters of which there is urgent need, and which will be attempted next winter.

THE REMOVAL OF NEOPLASMS OF THE BLADDER.

IN two communications, made during the current year to the Royal Medical and Chirurgical Society, Sir Henry Thompson recalls attention to

a class of cases which long experience has demonstrated almost invariably prove fatal unless subjected to surgical interference. Eliminating two operations for villous carcinoma, which, for obvious reasons, should not be tampered with, but of which one was removed and recurred, and one died, Sir Henry's ten cases show six recoveries and four deaths. Of the former, two were permanent after the first operation, two were permanent after a second, recurrence ensued in one case, and in one the growth could not be entirely removed. Eight of the operations were practised on males, with five recoveries and three deaths; two were performed on females, with one recovery and one death. These results, indicating, as they do, forty per cent. of cures, are highly gratifying, and clearly warrant the repetition of the operation.

Up to the present date, at least fifty-one operations have been practised for the removal of vesical tumors, of which thirty-three recovered, and only eighteen, or 35.29 per cent., died. Of the entire number, twenty-five were performed on males, with sixteen recoveries and nine deaths, and twenty-six on females, with seventeen recoveries and nine deaths. In twenty-two of the former the neoplasm was removed by perineal cystotomy, with seven deaths, or a mortality of 31.81 per cent.; while epicystotomy was attended with two deaths in the three cases in which that procedure was resorted to. In twenty of the cases occurring in females, riddance was effected after previous dilatation of the urethra, with the result of fourteen recoveries and six deaths, or a mortality of 30 per cent., and in six the urethra or vesico-vaginal septum was incised, of which three, or 50 per cent., died.

In the male, Sir Henry Thompson opens the membranous urethra through a limited incision of the perineum, and dilates the prostatic urethra and neck of the bladder with the index finger. In the female, the urethra is rapidly dilated with the finger; while in either sex the tumor is removed with forceps of various sizes and curves. Against these exclusive modes of operating we must enter a most decided protest. The essential portion of the procedure in either sex is dilatation of the urethra and neck of the bladder, so that the opening must, of necessity, when the tumor is large and firm, be insufficient to permit of extraction, while the risk of lacerating the bladder is greatly enhanced—an accident which happened to Sir Henry and Von Langenbeck in attempts to tear away the tumor with the forceps. Excepting in the case of pedunculated growths, the forceps are almost worthless from the impossibility of getting rid of the entire mass, a consummation which Sir Henry does not, however, consider necessary, as he states that "cicatization often leads to contraction and con-

solidation of the remainder;" a theory that is disproved by his having been obliged to operate a second time on two of his cases, not on account of recurrence, but simply from the fact that the first operation was not thorough.

The so-called papillomata, which constituted the majority of his cases, are in reality papillary or villous fibromata, the villi containing fibrous tissue continuous with that of the mucous or submucous connective tissue. To remove such a growth effectually, it will not suffice to crush and tear away the tufts, the base of the tumor must be attacked, and we know of no instrument so well adapted to the purpose as the sharp spoon or a sharpened lithotomy scoop. With the former of these contrivances, Simon, of Heidelberg, and others have safely and successfully attacked these growths, even when they filled nearly two-thirds of the female bladder. In multiple polypoid fibromata the scissors are far less dangerous than the forceps; and it is interesting to note that they were first employed by Cross, of Norwich, after a preliminary perineal cystotomy, nearly fifty years ago.

In conclusion, we may be permitted to express our conviction that, in the male, large sarcomatous, fibromatous, and myxomatous growths should be reached from above the pubes, while smaller growths should be removed with the forceps, spoon, or *serre-nœud*, after a median or lateral perineal cystotomy, the operation selected depending upon the size and configuration of the neoplasm. In the female, on the other hand, papillary tumors should be scraped away with the sharp spoon through the dilated urethra, epicystotomy or colpocystotomy being reserved for large and solid growths, the latter operation being the preferable one, as the interior of the bladder can be inverted through the wound, whereby the removal of the mass is rendered a comparatively simple procedure.

"THE ALIPTIC ART." IS IT A LOST ART?

THE ingenious paper presented in another column, on "the aliptic art," can hardly be regarded as heralding a revival of an extinct process. The historical facts which DR. PETERSON has collected show a continuous succession in the published records reaching down to our own day. The expedient is novel only to those who have for the first time become acquainted with its actuality.

There is a clear, a most necessary distinction between oil inunctions and massage. The use of oil is a mere refinement in the application of massage, and when oil inunctions are required, massage does not form a necessary part of it, may often, indeed, be inadmissible. In some cases the two methods are conjoined.

From the merely therapeutical point of view oil

inunctions serve two distinct purposes—to affect the condition of the skin itself; to modify the functions in general. Oil inunctions in febrile diseases, scarlet fever, for example, have a distinct effect on fever heat, reducing it sensibly. We need at the present time some exact observations showing the degree and duration of this influence. Oil inunctions are much employed now to improve the nutrition of the body in general. That this result follows is an undoubted fact. The oil disappears in the course of the frictions, the body gains in weight, and oil globules are found in the feces when there was no other source for their appearance there.

Massage, as now understood, is a part of that method of systematized movements commonly known as the Swedish movement cure. This consists in rubbing, kneading, and exercise of individual muscles and muscular groups, and movements of joints. In its present form, massage is a comparatively modern art.

Dr. Peterson, we fear, is much too sanguine in supposing that the "aliptic art" will be so far utilized as to make the skin the medium for the introduction of medicaments into the system to any large extent. The epidermis offers too substantial an obstacle to be overcome readily, unless by persevering friction, and its removal is a painful process. Notwithstanding its undeniable efficacy, the inunction treatment of syphilis has not been popular. Patients shrink from the labor required, and are afterward tormented by the sense of a filthy skin. Few adults are willing to undergo the application of oil inunctions, when suffering from wasting disease, in which they are highly beneficial, and children usually rebel energetically unless too ill to remonstrate. There are other more facile and efficient methods of introducing medicines into the circulation, so that the aliptic method will rather decline than advance in professional esteem. Such is our conviction. The expression of this, however, does not interfere with the instruction and entertainment afforded by a perusal of our contributor's excellent paper.

REFLEX NASAL COUGH.

IN the AMERICAN JOURNAL OF THE AMERICAN SCIENCES for July, DR. JOHN N. MACKENZIE, of Baltimore, Md., has called attention to a cause of reflex cough, the frequency of which, according to his observations, makes it a matter of no small importance, and demands for it, therefore, general notice.

Dr. Mackenzie's attention was first directed to the study of "nose cough" by the fact that during the application of instruments, probes, etc., to the nasal mucous membrane, paroxysms of coughing

were often excited which continued until the instrument was removed. The cough varied in character from a succession of short expiratory acts to convulsive paroxysms which interfered greatly with instrumentation.

Dr. Mackenzie then instituted experiments upon patients, upon friends, and upon himself, in the course of which he ascertained that the susceptibility was confined to the turbinated body, and particularly to the posterior end of the inferior turbinated bone, and the portion of the septum immediately opposite. This being the area occupied by the erectile tissue of the nose, he naturally concluded that this structure was connected in some way with the production of the reflex operation, and associated with its physiological function, whatever that may be. Of course, various degrees of susceptibility were observed. They have their parallel in the reflex asthma from polypi and chronic nasal catarrh.

Thence Dr. Mackenzie passed to clinical observation, and he reports not less than seven cases of cough associated with morbid states of this area and otherwise inexplicable, which responded promptly to operative and other topical treatment. All were cases involving decided hyperæmia of the mucous membrane of the area referred to, with or without coincident hypertrophic thickening. Doubtless, many men of large experience will recall cases of obscure cough, which may have been explained by the information contained in this article.

Dr. Mackenzie says these facts are the result of personal experience, and, as they represent the result of solitary observation are, of course, open to correction. Doubtless they will soon receive the test they will be required to bear, because the number of capable workers in this department is now so large that in almost every city two or three observers will be submitting them to test.

THE JOHNS HOPKINS SCHOOL.

DR. JOHN S. BILLINGS has declined the offer of the Professorship of Hygiene in the Johns Hopkins University, for the reason that it is impossible for him to hold this place while he is an officer of the army, and he prefers to retain the latter position and continue his library and indexing work, for the present at all events. It is probable, however, that in the course of the coming winter he will give a course of lectures at the University on the subject of municipal hygiene.

The object of the University authorities in appointing Professors Remsen and Martin, and Dr. Billings, to Chairs in the Medical Department, is understood to be for the purpose of obtaining a nucleus for the organization of the Medical School, to which additions will soon be made, and to have the benefit of their conjoint advice as to the best

course to pursue, rather than to have them commence at once systematic instruction in the branches to which they were assigned. The organization must be somewhat of a temporary character until the relations which are to exist between the Hospital and the Medical School are determined on, and the Hospital itself is ready for work or very nearly so. As Dr. Billings takes great interest in both the Hospital and the proposed Medical School, and is well acquainted with the condition and requirements of both institutions, it is certainly very advisable that his counsel should be obtained, and no doubt it will be obtained; in which case his declination is merely that of the formal title of professor, while he can still render the most important of the services which the University at present requires.

The profession will be very glad to know that Dr. Billings' connection with the army and the medical library of the Surgeon-General's office is not to be severed for the present, at least. The library will always remain his most enduring monument, and he ought certainly to finish the *Index Catalogue* before undertaking any other work which would interfere with it.

At the same time it must be admitted that the proper organization of the Medical Department of the Johns Hopkins University is a very important matter to the medical profession of this country, since it is likely to very considerably affect the future of medical education and medical science in the United States, and to this end the University should secure the best men for its work, but it seems to us that it ought to be, not only possible, but easy to effect some arrangement by which the University can have the benefit of Dr. Billings' experience and knowledge, and still not interfere with the work which he is doing for the medical profession of the whole world, by making its literature accessible and usable.

THE CHOLERA EPIDEMIC.

THE mortality reports from Egypt during the past week have been very incomplete, and daily returns from the principal cities are no longer forwarded. The number of deaths, although diminishing, is still large, but the disease is not so virulent as it was, and a greater proportion of cases recover. On August 2d, the total mortality from cholera to date was given in a dispatch from Alexandria as 11,000, but the London *Daily News* asserts that it amounts to 16,000.

The disease appears to have extended beyond the limits of the delta of the Nile. It has obtained a foothold in Alexandria, although, if the dispatches are to be relied upon, it is not making any headway there. It has appeared at Beyrout in Syria, and

has extended into Central Egypt, where 103 deaths were reported in the Province of Beni-Souef on August 3d and 4th.

Whether the disease be true Asiatic cholera, or some "malignant local distemper," matters little to us, since it has spread beyond the unsanitary localities in which it first appeared, and has attacked Europeans in Cairo and Alexandria, while the British army can number its one hundred and ten victims up to the 6th inst. A disease which causes the death of over 500 persons a day in the city of Cairo, and appears to be gradually penetrating the adjacent country, is one to be equally dreaded with the cholera, and every precaution should be used to keep it at bay.

APROPOS of the letter in a recent issue on the prophylactic treatment of diphtheria, suggested by Dr. Porcher some weeks since—namely, by tincture of the chloride of iron, chlorate of potassium, and quinine—an experience which has come to our knowledge may be mentioned. In a family under medical observation, two fatal cases of diphtheria had occurred. Of three children at the time unattacked, two took willingly a large number of sugar-coated quinine pills, of which a bottle happened to be in the house. A third child could not be induced to take any whatever. The latter soon took diphtheria, and died after a short illness. The remaining two escaped the disease.

REVIEWS.

EARLY AID IN INJURIES AND ACCIDENTS. By DR. FRIEDRICH ESMARCH, Professor of Surgery at the University of Kiel, etc. Translated from the German by H. R. H. Princess Christian. Philadelphia: Henry C. Lea's Son & Co., 1883. 8vo., pp. viii. 117.

PROFESSOR ESMARCH'S book on emergencies is a new illustration of the fact that eminence in one domain is not always a guarantee of fitness for another. That, besides securing a wide circulation in Germany, it has been translated in England by H. R. H. Princess Christian, and reprinted in this country by one of its foremost publishing houses, is rather an evidence of a somewhat indiscriminating hunger for such a work than of its satisfying qualities. The greatest respect for its distinguished author cannot blind the critic to the fact that this production is unworthy of his reputation. It is marred by commonplace, inequality, vagueness, and even occasional error. It opens with an introductory lecture on anatomy and physiology, in which the reader is informed, on one page, "of the limbs; . . . of these there are two upper and two lower—the arms and the legs;" and fifteen or sixteen lines more in which absolutely no other information is conveyed than the *number of bones* in their different parts. On another page we are told that the system must get rid of "water and urea." This is followed by seven lines on the kidneys, which contain only a fair description of their usual shape, and a very uncertain one of their situation. In speaking of the circulation, the author informs us that if the movement of the heart is arrested, it "stands still, and death soon fol-

lows." On the other hand, he gives the shape, size, and number of the red corpuscles; while this whole section contains not a word about the situation of the principal arteries and veins. Turning to the lecture on "Injuries," we read that "contusions are injuries caused by falls or blows which have resulted in internal lacerations, particularly of the smallest blood-vessels." How many examiners in surgery in America would accept such a definition from a student? Or who would affirm in general terms that "in injuries to lungs you have blood-spitting?" As to treatment, patients with severe contusions, pale and faint, are to be sprinkled with cold water; the surgeon closes wounds "either [italics ours] by stitches or a bandage (*not* by means of sticking plaster; this, like most salves and plasters, belongs to the surgery of the middle ages)." (!) Think of a German policeman trying to close a wound with stitches! Think, too, of the horror of sticking plaster being capped with a horror of germs—for Esmarch is a Listerite of the most infantile faith, and instructs his hearer, *in emergencies*, be it observed, to use antiseptics.

In treating of hemorrhage, the author gives the situation of arteries in only three places—the upper part of the thigh, the upper arm, and the neck above the collar bone. "It is at these points," he adds, that a surgeon generally applies pressure (as with a tourniquet) when he wishes to stop hemorrhage." Is it capacious to inquire whether German surgeons use tourniquets to the neck?

But, to unbend—of burns: "In general, women are more careless about fire than men. How often are the light clothes of ladies set on fire by the careless handling of lighted candles, lamps, etc." The author thinks it ought to be stopped. "But many, alas! remain silent, and go their own way, like the priest and the Levite, and excuse themselves by saying, 'what does it concern me? Let every one take care of himself!'" He advises ladies to have the light material of ball-dresses rendered incombustible, and pictures the scene of a burning thus: "Flames envelop [*sic*] the unhappy creature, scorch her arms and hands, her neck and face; her hair and cap blaze up." She ought to throw herself on the ground and roll about, he says; but as this is not customary with ladies whose hair and caps blaze up (in America most women get burned at the lower extremity), the bystanders should surround her with a rug or coat, throw her on the ground, and "*roll her about there till the flames are put out.*" But why this rolling about? Is there no more orderly and composed way to smother flames? But, it is to be feared that they are likely to be precipitate in Germany; for the author says, "should any one have fallen into a lime-kiln or soap-lye, he should be drawn out as quickly as possible." And Her Royal Highness lets this advice go without comment.

But we may not linger over all the unintentional humor of this book. Nevertheless, we cannot keep back from our readers the caution, that persons to be revived from freezing "should be carried carefully into a closed but cold room, and undressed with care, *for fear of breaking the stiffened limbs.*" Afterwards, they may be rubbed with cold cloths, cold sand, (!) or put into a cold bath; part of which seems rather rough therapeutics, while all of it is false in principle, as experience and experiment in Russia has fully shown.

With little space left, after so long a justification of our before-expressed opinion of this little book, we can only say, on the other side, that it contains many excellent suggestions and a number of instructive woodcuts. But, as a whole, it is very far from what the world has a right to expect of such a man as Professor Esmarch, as well as from what the world needs in a book on accidents.

SOCIETY PROCEEDINGS.

THE PATHOLOGICAL SOCIETY OF
PHILADELPHIA.*Stated Meeting, Thursday Evening, June 14, 1883.*

THE PRESIDENT, JAMES TYSON, M.D., IN THE CHAIR.

KIDNEY AND HEART FROM A CASE OF CHRONIC BRIGHT'S DISEASE; EXTREME URÆMIC DYSPNOEA; MARKED ŒDEMA; RELIEF TO BOTH BY ACUPUNCTURE; INCIPIENT NEURITIS.

DR. J. H. MUSSER, in presenting the specimens, gave the following clinical history:

R. T., æt. 35, admitted to University Hospital July 17, 1878; single; a patcher of goods; frequently exposed to draughts while in profuse perspiration; used tobacco to excess; once or twice a year he would "spree;" at twenty-two he had a chancre (?); no secondary symptoms; three times he had gonorrhœa; always healthy prior to present illness; never had rheumatism.

The patient inherited a tendency to phthisis from both parents, and to rheumatism from his maternal grandmother.

The first of the present illness was observed two years ago by a sudden night attack of dyspnoea. The dyspnoea continued for nine weeks, worse at night, and preventing work in the daytime, œdema of the feet and frequent micturition accompanying the dyspnoea. He improved, to have a relapse in four weeks of a month's duration, followed again by temporary improvement and a third relapse. From the latter he never rallied, œdema, cough, dyspnoea, frequent micturition, and dyspeptic symptoms being constantly present. The cough was dry, and attended with sub-intestinal pain. The œdema was general. When admitted to the hospital, under the care of Prof. Pepper, his condition was as above mentioned. During the July, August, and September following, the asthmatic attacks continued. In October, they were relieved, but the anasarca became more pronounced.

It may not be out of place to say that the dyspnoea was very severe, and almost defied treatment. It presented the clinical characters of uræmic asthma, and was relieved only by inhalations of nitrite of amyl or by hypodermic injections of morphia. The anasarca was very great and was not relieved by diuretics, diaphoretics, or cathartics. In October, acupuncture was resorted to, with temporary relief to the lower extremities and scrotum, its good effect lasting five days only, but being so marked as to encourage one in its use. During the following three months the punctures were made about fifteen times, and after each operation about three pints of serum would drain away. In the latter part of December, erysipelatous inflammation developed about the punctures, and extended over them. During the progress of the inflammation, large bullæ would form, the bursting and continued free discharge of which caused an entire disappearance of the œdema of both legs. Relief was not only afforded by these operations to the œdema, but the attacks of asthma notably diminished in frequency and severity. On January 8, two weeks after the inflammation of the right leg developed, sloughing took place. The sloughing was confined to the calf of the leg, was deep, and was attended with free serous discharge from the ulcers. In a few days, a low typhoid state set in; he rapidly lost strength, and on the 7th of February died of exhaustion.

When these notes were taken (January 8), the remaining features of the case were as follows: He was emaciated and anæmic, and his skin was harsh and

dry; his countenance anxious; appetite poor; flatulent dyspepsia marked; the bowels constipated; hemorrhoids; tympanitic abdomen; slightly enlarged liver; normal spleen. At the apices of the lungs, diminished expansion; flattening, impaired resonance, and increased fremitus at the left; moist, crackling, and subcrepitant râles heard throughout the lungs. Apex-beat of heart in sixth interspace one-fourth inch inside of nipple line; veins of right side of neck enlarged; cardiac impulse moderately strong; at apex a low-pitched systolic murmur; muscular element lessened; at base, pulmonary second accentuated. The width of the cardiac area of dullness was increased one-half inch to the left, and was not changed by full inspiration. Urine contained albumen; amount varying, at times two-thirds then one-third. Hyaline and numerous granular casts.

Ophthalmoscopic examination. Small disks. Myopia. O. D. disk dirty-gray, veins tortuous. No marked change in the color of the nerve—outlines misty and it slightly swollen. O. S. disk same, but more marked. No hemorrhage in either eye. Diagnosed incipient neuritis.

Autopsy, five hours after death. No rigor mortis; emaciated; commencing ecchymoses. Great fulness of the venous circulation.

Lungs: apices bound down by adhesions. Slight right hydrothorax. Base of left lung anteriorly and posteriorly adherent. At left apex three or four areas of catarrhal pneumonia.

Heart: weight twenty-one oz.; left ventricle wall hypertrophied; mitral valve insufficient, admitting almost three fingers; its cusps thickened; one leaflet of the aortic valve slightly diseased; left cavities increased in size. Aorta atheromatous, a large patch especially one-half inch from the valves.

Liver enlarged, hard, congested. Kidneys small, congested, capsules adherent, relation of cortical to medullary substance normal.

Microscopical examination. Kidneys showed decided interstitial nephritis with fatty degeneration of the tubular epithelium. Liver slightly cirrhotic and fatty. Muscular fibres of the heart slightly undergone fatty degeneration.

AORTIC VALVE DISEASE DUE TO THE COMBINED ACTION
OF STRAIN AND RHEUMATISM—EXCESSIVE DILATED
HYPERTROPHY.

DR. J. H. MUSSER, in presenting the specimens, said that neither the habits, the hygienic surroundings, nor the social condition of Mr. C. K., from whom these specimens were removed, had any relation to the cause of his illness. As a laborer in a rolling mill his occupation might have had some predisposing influence on the localization of the diseases, he being exposed to extremes of heat and obliged to do heavy lifting. The family history did not disclose hereditary disease. Withal, in the past twenty years—at this noting he was aged forty-seven—he had had frequent attacks of inflammatory rheumatism, and in 1878, four years previous to this account he had an unusually severe attack, after which he recognized his present palpitation, and of indigestion characterized by pain and vomiting. These symptoms increased in frequency and severity, and were often attended by œdema of the legs. The last three years he was unable to work. Within the year he lost in flesh and strength, and had several attacks of pulmonary congestion.

His condition when in hospital, December, 1879, was as follows: Slightly emaciated; sallow complexion; anæmic appearance; continuance of suffering, dry skin; cold extremities; ankles œdematous; muscular weakness, tremor on exertion; marked prominence of lower part of chest and bulging

of process; sternum pushed forward, lower half especially, giving pointed, pigeon appearance; impulse marked in normal cardiac area, and extending two inches to the left; epigastric pulsation; pulsation of veins of neck; apex-beat in sixth interspace one inch outside of nipple line; no hepatic pulsation. A line drawn diagonally from the second right costo-sternal articulation to the fourth rib, one inch from right nipple line, and then vertically to the hepatic dulness, represents the right border of cardiac dulness. From the top of the third left rib, one inch from the sternum, a uniformly curved line extending from the apex-beat, showed the left limit. By joining these lines with horizontal ones, the upper and lower borders are defined.

On auscultation at the aortic orifice a strong systolic murmur, transmitted to the vessels of the neck, and a rough diastolic murmur, transmitted to the base and along the sternum, are noted. At the xiphoid cartilage and at the apex systolic murmurs, differing in pitch, are heard, the latter also at the spine of the left scapula. Pulse small, feeble, compressible, not 60.

Cough, muco-purulent expectoration, are complained of, and the physical signs of bronchial congestion are observed. The appetite is poor, pyrosis and flatulence distressing, bowels constipated, urine slightly albuminous, no casts.

A subsequent course with calomel and soda and a liquid diet at first, followed by digitalis and quinia, the venous stases now disappeared and the cardiac symptoms ameliorated within a month. After exposure to cold, internal venous congestions and oedema now supervened, and in five days, January 20, 1879, he died of pulmonary congestion.

At the autopsy the lungs, liver, spleen, and kidneys were found characteristic of dilatation of the heart—congested and with increase of connective tissue in the latter three organs. The heart presented very interesting lesions. It was enormously enlarged, weighing thirty-two ounces. The right heart was dilated; the ventricle wall averaged one-eighth of an inch in thickness; the tricuspid orifice was insufficient and admitted four fingers. The left ventricle wall averaged one-half inch in thickness; the mitral valves were slightly thickened, and a few opaque patches were seen. The aortic valves presented a remarkable appearance. Two of them were fused together and were rigid, projecting in the lumen of the orifice. The other valve also assisting in narrowing the calibre of the opening by rigidly jutting outwards. The lumen was scarcely more than a slit. The coronary arteries were not closed, and were found at the bottom of pouches with calcareous walls. On one side the deposited calcareous matter, of which the valves were composed, extended under the pericardium to the base of one of the mitral leaflets. Of course the valves were covered by endothelium.

It is of interest to note that the mitral valves comparatively escaped the inflammatory storms, while the aortic valves were so markedly affected—contrary to the usual rule. It is suggested that a chronic valvulitis, or at least hyperæmia, might have been started by the strain incident to his occupation, and hence the valves readily invite acute inflammatory processes, the present case being a secondary degenerative result thereof.

CORRESPONDENCE.

LETTER FROM PRAGUE.

Climate—Food—Detachment of the Heart by a Crush, without External Wound—Sudden Death in Rheumatism—The University Examinations.

THE last three weeks here the weather has been extremely warm, the thermometer running up some-

times as high as 33° or 34° C.; but, judging from what the papers say of the hot spell in New York, 34° C. would be considered rather pleasant there. We have the advantage here, however, of cool nights, no matter how hot it has been during the day.

One misses ice-water and our various cooling appliances very much; it is possible, with a good deal of trouble, to get a glass of water with a few pieces of dirty ice in it, but it always seems to excite so much surprise, alarm, and horror in the spectators that one has to seek out a secluded corner of the restaurant to drink it. I do not know which they regard as the worst, drinking ice-water or eating raw tomatoes. Now, I am very fond of the latter, and always eat them when I can; but from seeing a crowd around my part of the room every day, I begin to have some suspicion that the proprietor uses me as an advertisement, and that crowds come daily to see the great American tomato-eater. Ice-water especially seems to be regarded as a deadly poison, the cause of all the dyspepsia in America.

It is a fact that we do have more dyspepsia than the people here; but I think it is due rather to the quantity of food we take than to the nature of it. For many reasons, the quantity taken here is limited, the chief being that everything is so badly prepared that no living man could eat what we would call a respectable meal; then also the habit of paying separately for every individual thing one eats, even to the bread, is not conducive to a large appetite.

The ordinary midday meal here for the better classes is about as follows: First, a soup which has a whole legion of names, which are given to it according as to whether it contains sausage, potatoes, liver, or some other abomination, the body always remaining beef soup. This soup is on the whole not very bad. Next comes the inevitable "Rindfleisch," the boiled meat from which the soup has been made, a dark, dry-looking substance, easily chewed, but, as all the salts have gone over to the soup, having absolutely no taste, it is easily digested, and, though not palatable, is perhaps as nourishing as any other meat. Next comes the "Braten," and a glow of satisfaction comes over the face of the diner, for he has eaten his "Rindfleisch" to live, and now lives to eat his "Braten." This consists of baked or, more generally, fried veal or pork, and is served swimming in gravy and onions. A salad, made either of lettuce or cucumbers, which have been soaked in salt water several days to take all the colic out of them, is generally eaten with this. After this comes the dessert or "Mehlspeise," which may consist of anything in the world, provided we exclude all that is good. With this dinner a quart of beer or a pint of wine is generally drunk.

You see by this that the most fertile source of dyspepsia, overloading the stomach, is practically excluded. Possibly another thing which helps to keep the eater braced up is that he eats everything with his knife, and in this way must take a not inconsiderable amount of iron into his system. True dyspepsia is a very uncomfortable and uninteresting disease, but, even if we were obliged to get dyspepsia from our manner of life, I do not know but that it is to be preferred to the German dinner. In some of the larger cities, where a higher degree of civilization has been reached, as in Vienna and Berlin, one can do better.

Strange to say, with the advent of the very hot weather, typhoid fever began to diminish, and now makes rather a small percentage of our post-mortems. In the past two weeks, we have had some rather interesting autopsies; one of these was a crushing injury, the man's thorax being caught antero-posteriorly between the bumpers of two cars as he was coupling them. Death was instantaneous. At the autopsy, no

external injury was seen; several ribs on each side were broken, and the heart was found *free* in the abdominal cavity, it having been torn from its attachment to the great vessels and forced through a rent which was made in the diaphragm. It is rather difficult to understand how the violence could have acted so as to produce this result; most probably the man must have been stooping slightly forward when caught.

Another clinical case which came to autopsy a few days ago was also in many respects remarkable. The history of this was briefly as follows: A young man of twenty-two was brought into the hospital suffering from acute rheumatism, high fever, swollen joints, etc. After a day or two symptoms of heart complication appeared, and the lesion here was referred by a clinician, one of the most careful and exact diagnosticians I ever saw, to the mitral valve. The patient improved under the usual alkaline treatment, and after being in bed two weeks made an effort to get up. He at once fell back in a state of semi-collapse, symptoms of acute peritonitis set in, and in two days he was dead. The diagnosis made was a most natural one; it was thought he had an inflammation of the mitral valve, and what was more natural than to suppose that an embolus coming from here had plugged up some large branch of the mesenteric artery. At the autopsy it was found that all the valves of the heart were free except those which enjoy almost an immunity from disease, the valves of the pulmonary aorta. Here one of the valves was ulcerated, a great rent was torn in it, and the blood had forced itself between the two lamellæ, giving rise to the so-called valvular aneurism. As was diagnosed, an acute purulent peritonitis was found, and the following condition of his intestines: The man had an abnormally long mesentery and S. Romanum. A large portion of the small intestine, about two-thirds of the ilium, was found twisted on its axis and twisted around the loop of the S. All circulation was cut off in both, and hence gangrene. This form of "Achsendrehung," in which a loop is formed which includes another portion of the intestine, is one of the rarest pathological conditions. Of course there was no connection between this and his acute rheumatism, and possibly none with his sudden collapse on rising.

Examinations are all over, and the University is practically closed for the summer, and the candidates have gone home happy or miserable, as the case may be. The examination given in pathological anatomy is not so difficult as I expected it to be, considering all the training the men have had. The candidate has to make an autopsy, and point out and explain all the principal changes; then he is given two specimens, usually easy ones, for microscopical diagnosis. This is the practical part, and in addition to this he is examined orally by the professor, some leading question being given him, on which he has to discourse for fifteen minutes. If a man fails in his practical examination he can have another chance after four months, if in his theoretical, after two months. The professor is rather lenient towards them; assuming 10 to be the highest a man can make, he is allowed to pass with 3 or 4, so that, in spite of the thoroughness of German teaching, a man can start on his medical career equipped with a very small stock of knowledge in the domain of pathology.

W. T. C.

PRAGUE, July 16, 1883.

A HEAD-SUPPORT FOR THE LARYNGOSCOPIC MIRROR.

To the Editor of THE MEDICAL NEWS.

SIR: In the number of your valuable journal for June 23d, I see that Dr. J. J. Chisolm, of Baltimore,

describes under the head of "new inventions" an apparatus for securing the frontal mirror, which consists of a band running over the crest of the head, to one end of which the mirror is secured, whilst the other holds the instrument in place by compression of the occiput.

The device is an old one, and is familiar to those who pay special attention to diseases of the throat. In England, the occipito-frontal band is known as Johnson's, from Dr. George Johnson, of London, who claims to be its originator. The original apparatus has been variously modified, the most recent improvement being the jointed bar of Fox (optician), of Philadelphia, which was brought some time ago to this city and is in use in one of the special dispensaries. This method of securing the frontal mirror has, however, been almost universally discarded by specialists, and among them its inventor, in favor of the steadier and more portable silk head-band of Kramer, or the spectacle-frame of Semeleder.

The lenses behind the central aperture in the mirror used by specialists to remedy defective eyesight are objectionable in throat examinations, as they necessitate monocular vision. A much better plan would be to have appropriate glasses set in the spectacle-frame, after the manner used in the examination of the eye for errors of refraction.

Respectfully yours,

JOHN N. MACKENZIE, M.D.

BALTIMORE, July 29, 1883.

NEWS ITEMS.

NEW YORK.

(From an Occasional Correspondent.)

PROGRESS OF THE "NEW CODE."—In THE MEDICAL NEWS of July 14th, we gave some items showing the progress of the National Code movement. In the present, the doings of the "New Code" party will be briefly referred to. We have found it very difficult to obtain from the "New Code" men information other than that derived from the newspapers, in the way of editorial puffs of the "New Code," abuse of the National Code and its advocates, and sensational reports of "The Association for preventing the reenactment in the State of New York of the present Code of Ethics of the American Medical Association." This is the exact title of this association of medical men, who also style themselves the liberals, the progressives, and the gentlemen.

The following is extracted from the *New York Herald* of June 6th:

"The report of the liberals is a handsome quarto of ten pages." . . . "The total number of signers in the report is 1265, but it was understood several days ago that over one hundred more had subscribed, and the list has been increased since then. The total membership of the county medical societies is 3827, so that the liberals thus far have only captured a large one-third. They say that the old Code men have only obtained *about six hundred* signatures up to date, and that the remainder are non-committal as yet." Only lately was it possible to secure a copy of the "handsome quarto" referred to in the *New York Herald* of June 6th. A short analysis of its contents affords an insight into the way the "New Code" party canvass and count.

Their methods and their arithmetic are alike instructive and entertaining. Their committee work is done in formidable style. For instance, a committee of fifteen was appointed to draft a *declaration* of the

¹ The italics are our own.

views held by the opponents of the present Code of the American Medical Association. Then there was appointed or elected an advisory council of seventy-six members of the "Association for preventing the reenactment, etc.," of the National Code, representing thirty-five counties. The meeting at which this "advisory council" was appointed, was held April 6, 1883, nearly four months ago. Great results were prophesied; and the whole State was to be forthwith carried by the promises of liberality, etc.

It is now time to ask what results have been attained by this active work of the last few months. Their very best showing gives for the city and entire State of New York a membership of 729, of which (after careful comparison of all published lists of both sides) forty-one are found to have declared themselves as upholding the National Code, and one has died. This leaves the "Association for preventing the reenactment" of the National Code with a membership of 687, against 2256 for the National Code as published June 21st. The city of New York alone gave for the National Code 742, 55 more than the entire vote of the "New Code" party in the city and State. The whole vote cast in the city and State of New York appears to be 2943, of which the National Code got 2256, a majority, over the "New Code" of 1569, or more than three-fourths of the entire vote.

CHOLERA MORTALITY.—The mortality returns from Egypt are very incomplete. Reports have been received as follows:

Total deaths from cholera in Egypt, August 1,	887
" " " " " " " "	3, 870
" " " " " " " "	4, 748
" " " " " " " "	5, 501
" " " " " " " "	6, 598
Deaths from cholera in Cairo, July 31,	275
" " " " " " " "	August 1, 273
" " " " " " " "	3, 170
" " " " " " " "	4, 160
" " " " " " " "	5, 11
" " " " " " " "	6, 78
Deaths from cholera in Alexandria, July 31,	3
" " " " " " " "	August 1, 2
" " " " " " " "	2, 3
" " " " " " " "	3, 5
" " " " " " " "	4, 3
" " " " " " " "	5, 7
" " " " " " " "	6, 7

In Cairo the weather is intensely hot, and the average temperature under canvas is 106°.

110 British soldiers have died in Egypt from cholera since the outbreak of the disease.

Three cases have been reported at Beyrout, in Syria, and the Turkish Sanitary Council has decided to establish a cordon around the town, and to quarantine all vessels from there for twenty days.

MEDICAL AID FOR EGYPT.—The Indian government has determined to send to Egypt seven doctors and forty assistants. Twelve English doctors arrived at Alexandria on August 2d, and at once proceeded to Cairo.

SURGEON-GENERAL HUNTER has been appointed by the British Government to make investigations regarding the cholera now prevailing in Egypt. He has had extensive experience with cholera during his service in India, and from his special and professional knowledge he is said to be well qualified to conduct the inquiry for which he has been selected.

M. JULES ARONSSOLM, Professor of Organic Chemistry in Paris, has also been sent to Egypt to study the cholera epidemic.

THE ORIGIN OF THE CHOLERA.—A letter just received by the State Department from the Consul-General at Cairo, Egypt, dated July 5, 1883, states that cholera first made its appearance in lower Egypt on the 20th of June, or rather was first made public at that date; that the constituted medical authorities pronounce it to be the true Asiatic cholera, but are unable to say how it first reached Damietta, though it is generally ascribed to the deplorable sanitary condition of the province. There exists a bovine disease (epizootic) in that province, and many cattle dying were thrown in great numbers in the Nile and various canals leading from it; that the inhabitants drink this contaminated water, and subsist largely on the flesh of these diseased cattle. This, taken with the fact that the abundant fruit of the country is used in excess, leads the medical authorities to think that the disease could only be expected. Three other towns near Damietta, viz., Mansurah, Serbin, and Samanoud, were also suffering with cholera at the date of the Consul's letter. The daily death-rate at Damietta was 157.

The Consul concludes by saying that the Egyptian government is taking active measures to interrupt communication between places suffering from the disease by establishing sanitary cordons and prohibiting the public sale of fruits, fish, and unwholesome meat in the infected districts.

THE DISEASE AT DAMIETTA.—N. E. Stevens, United States Consul at Smyrna, writes to the National Board of Health, under date of July 13th, as follows: "The news from Egypt is less alarming than at the time of my last report. Facts have come to light tending to show that the disease which is decimating the population of Damietta is not Asiatic cholera, but a malignant local distemper caused by the filthy condition of the town and the unclean habits of its lower classes, whose principal article of food is fish, caught from water polluted and poisoned by being used as a receptacle for offal, the carcasses of diseased animals, etc. During the British occupation many animals perished, and their bodies were dumped into the water regardless of consequences.

"This theory is strengthened by the following facts: (1) The disease first made its appearance in Damietta on June 4th, but was not made public until June 20th, at which time the death-rate became too large for longer concealment. (2) The mortality is confined almost wholly to natives, who disregard in their mode of living all sanitary requirements. (3) The disease is limited to a small territory. (4) Its previous course, on the supposition that it is Asiatic cholera, cannot be traced. (5) The disease does not spread with the rapidity of Asiatic cholera. In 1865 the cholera was only two days in travelling from Damietta to Alexandria.

"I may add that some of the best physicians of Smyrna do not regard the present scourge in Egypt as the cholera. With the stringent measures taken to confine it within its present limits, it is fair to assume that its ravages will not be much further extended, although the death-rates show little diminution as yet."

PRECAUTIONS IN TURKEY.—The International Sanitary Council has imposed twenty-five days quarantine on vessels which have had cases of cholera on board. Other rigid restrictions will also be enforced.

CHOLERA PRECAUTIONS IN AUSTRIA.—The Imperial Board of Health of Lower Austria has issued a series of orders to the health officers of the different Cantons, from which we abstract the following:

1. All sanitaries, cesspools, dunghoops, stables, and other places favorable for the development of disease

germs, and likely to prove nuisances, must be removed, or cleaned and kept in order.

2. On the approach of danger all such places must be disinfected by solutions of sulphate of iron and carbolic acid, at least twice a week.

3. Houses in which cases of cholera or suspicious diseases occur must be disinfected daily.

4. In all buildings in which there are a large number of people, and in houses to which people come and go from different places, as manufactories, police stations, hospitals, railway stations, steamer landings, hotels, restaurants, schools, theatres, etc., must be daily disinfected and subjected to free ventilation.

5. All waters in which suspected patients or persons have washed must be disinfected; and all clothing must be immediately plunged into boiling water or subjected to steam impregnated with 1-50 of carbolic acid; floors and furniture to be cleaned with boiling water containing 1-30 of carbolic acid.

6. In cantons in which an outbreak of cholera occurs all public places are to be closed, and all public meetings are forbidden.

7. All overcrowded rooms, whether used for dwelling or working purposes, are to be partially emptied and ventilated.

8. All suspicious wells and other places from which water is obtained must be closed.

Cholera Hospitals.—Cholera-stricken persons, who cannot be properly treated in their own homes shall be carried to a cholera hospital. Proper means for thorough ventilation and disinfection must be provided and carried out in these hospitals. People dead of cholera shall be buried as quickly as possible in open coffins.—*Medicin.-Chir. Centralbl.*, July 20, 1883.

BRITISH PRECAUTIONS.—The British Government has introduced a bill to centralize hospital management in the event of an outbreak of cholera in London, and it passed first reading in the House of Commons on August 2d.

Sir Charles Dilke, president of the Local Government Board, in presenting the bill, said that the general health of the country was very satisfactory, although there was a large mortality among children in London from diarrhoea. Unusual precaution, he said, would be necessary to guard against cholera until the expiration of six weeks, when, it is believed, the danger will have passed.

Orders have been issued thoroughly to disinfect cargoes of rags arriving at British ports from Egypt.

PRECAUTIONS IN THE UNITED STATES.—The Surgeon General of the Marine-Hospital has received advices that a vessel loaded with rags from Egypt is due at Portland, Me., in a few days. The Acting Secretary of the Treasury has telegraphed the Collector of Customs at Portland not to allow the cargo to be discharged until the local health authorities have inspected it.

Information has been received at Philadelphia that a large cargo of skins and hair had been sent from Cairo and Alexandria on July 9.

DANGEROUS WOOL FROM EGYPT.—The Secretary of the Treasury has received a letter from a prominent firm in New York City, calling attention "to the fact that large quantities of wool of large grade are exported from Egypt, Syria, and countries in their vicinity to this country, which is the principal market for them, besides considerable quantities of 'bed-wools' (extracted from old mattresses) from Constantinople, etc. These wools are frequently transhipped at Marseilles and in England for this country. In view of the terrible epidemic now raging in the Eastern Medi-

terranean, these wools might convey infection, as well as rags."

QUARANTINE OF EGYPTIAN RAGS.—A letter was received by Surgeon-General Hamilton, from the treasurer of the Seymour Paper Company, asking the question: "What is the limit of time when it will be safe to move the (Egyptian) rags to market? He adds that "5000 to 6000 tons of rags are exported annually from Egypt, and nearly all come to the United States. Of course, these rags must be put under the ban, because a small portion, perhaps one ton, is infected. If there is no outlet, they will be saved until the markets are open." Surgeon-General Hamilton suggested that the rags be first dumped into a chlorine vat, at Alexandria, then taken out, dried, and baled, as it would be utterly impossible to fix a time when it would be safe, if ever, to ship rags gathered during an epidemic of cholera.

NO MORE STATISTICS FROM EGYPT.—The Registrar of the Bureau of Vital Statistics in New York has received an official letter from Amici Bey, Chief of the Sanitary Bureau of Cairo, Egypt, in which he was informed that hereafter no sanitary statistics will be interchanged between that cholera-plagued land and this city. The letter is dated June 21, or some time before cholera had appeared in Cairo. One of the most important duties of the Bureau of Vital Statistics is the compilation of comparative death-records, by which the standing of New York is ascertained among the large cities of the earth. This is done by an exchange of death statistics with other large cities, including Cairo.

The Bey's letter, which is written in French, says that the cessation of all future exchanges is due to the action of the British Government in abolishing the statistical department of the Egyptian sanitary service as a "measure of economy."

YELLOW FEVER.—The reported escape of two men from the quarantine station at Ship Island last week, has been officially denied by Passed Assistant John Godfrey, U. S. M. H. S., who states the men were not from Ship Island but from Cat Island, and had not been in quarantine. As the crews of all vessels in the various government quaranties and all the employés about the stations are mustered twice daily, desertions would be quickly detected.

The Consul at Vera Cruz has telegraphed the departure of the steamship "City of Puebla" for New York, and the steamer "Statesman" for Brazos, Texas. The Quarantine Commissioner at New York and the Collector of Customs at Brownsville have been informed of the above.

A dispatch was received by the Surgeon-General on the 7th inst. from Dr. Geo. M. Hargis, Sanitary Inspector stationed at Havana, that the steamer "Amethyst" left four cases of yellow fever at that port, and sailed for Boston on the 4th inst.

Up to the present writing there have been no cases of yellow fever, except in quarantine, within the limits of the United States. The latest reports are all favorable to its exclusion from the country this season, and two weeks more of immunity from the disease will render it fairly safe to feel assured that no epidemic of yellow fever is likely to occur. The "danger points"—New Orleans, Pensacola, and the Capes—are very carefully guarded by trusted government officers; the Governor of Louisiana has ordered all infected vessels from the Mississippi Quarantine out of the river and down to the Government Refuge Station at Ship Island; the Pensacola Board of Health permits no infected vessel to remain at the local quarantine station of that port, also sending them to Ship Island; and the pilots at

the entrance to Chesapeake Bay are required to convey all vessels from foreign ports to the Cape Charles Quarantine Station at Fisherman's Island, to be inspected before proceeding to their port of destination on the bay—all these precautionary measures, taken with the instructions given to the Sanitary Inspectors of the Marine-Hospital Service stationed at foreign ports to report by cable the departure of vessels from infected localities, whether yellow fever or cholera, would seem to be a sufficient guarantee that nothing has been left undone to prevent the entrance of epidemic disease into the country.

YELLOW FEVER AT HAVANA.—Forty-nine deaths from yellow fever at Havana were reported last week.

YELLOW FEVER QUARANTINE.—The Surgeon-General of the Marine-Hospital Service has been informed that Governor Cameron, of Virginia, has instructed the Virginia pilots to bring infected vessels to anchor opposite the Marine Hospital Quarantine at Cape Charles.

The revenue cutter *Forward* while on a cruise outside Sand Island, off Mobile Bay, on August 3d, spoke the Norwegian bark *Vasco de Gama*, from Vera Cruz, with yellow fever on board. The sick were reported to be convalescing, and needing no assistance. The bark was prohibited from coming nearer than ten miles from Mobile bar, and a pilot was not allowed to go on board. The vessel was ordered to Ship Island, and set sail at once.

SANITARY PRECAUTIONS IN DISTRICT OF COLUMBIA.—DR. SMITH TOWNSEND, Health Officer of the District, has requested the commissioners to furnish him with \$500 to expend in sanitary work about the outskirts of Washington, which are said to be in a deplorably neglected condition. The commissioners have not yet furnished the funds, but have promised him \$300 for the purpose.

THE CATTLE COMMISSION'S REPORT ON THE FOOT AND MOUTH DISEASE AMONG AMERICAN CATTLE.—The Treasury Cattle Commission has made the following report to the Treasury Department in regard to the alleged existence of the foot and mouth disease among the cattle in this country:

Charges having been recently made in the British Parliament that cattle were being shipped from our ports infected with the "foot and mouth disease," and a majority of the House of Commons having voted for a resolution opposing the importation into Great Britain of cattle from any country in which said disease exists, we feel it our duty to state the facts of the case, so far as this country is concerned. After a most extended and almost exhaustive inquiry, your Commission have been able to find no trace of "foot and mouth disease," apart from herds just landed from Great Britain, and whole herds have been in every case segregated until the infection has entirely disappeared. The nature and scope of our inquiry may be deduced from our report for 1881. Beginning with the great rendezvous of cattle at Kansas City, Council Bluffs, and Omaha, we have made careful investigations along all the lines of cattle traffic as far as the Eastern seaboard. In this investigation we have included all the great stock-yards where cattle are detained for feeding, watering, sale, etc.; all the great feeding stables connected with distilleries, and starch-glucose, and other factories; all the city dairies where stock-yards exist, and where the herds are replenished from such stock-yards; and to a large extent the great dairymen's districts into which cows are drawn from the above-named stock-yards and lines of travel.

Up to the present date we have made observations

in the stock-yards at the seaboard, the terminal end of our cattle traffic, and that to which all infection must gravitate, but apart from the imported cases above referred to we have been unable to find a single case of the foot and mouth disease complained of. The significance of the entire absence of this disease along the whole line of our cattle traffic, and in the herds into which this traffic leads, can only be appreciated when considered in its relation to the nature of the disease and the unmistakable symptoms of which it is manifested. The following points are specially to be noted:

First. The foot and mouth disease is perhaps the most contagious malady known. It rarely enters a herd without striking down all the members of that herd simultaneously, or nearly so.

Second. The susceptibility to the disease is all but universal on the part of warm-blooded animals, but all cloven-footed animals are especially and about equally predisposed to it. It cannot be overlooked nor covered up, therefore, as can a disease which confines its ravages to a single genus; but sheep, goats, and swine coming within the range of the infection contract and manifest the disease as readily and in as marked a way as do cattle.

Third. The period of latency or incubation is remarkably short, the eruption of the malady often taking place in thirty-six hours, and rarely being delayed, even in cold weather, beyond six days after exposure to infection. There is, therefore, no opportunity for concealment, nor for the disposal of infected but still apparently sound animals, while a journey of four or six days from the West, with the attendant privations and febrile excitement, would infallibly determine the full eruption of the disease before the stock arrived at the Eastern seaboard, and this although the infection had only been received after shipment on the cars.

Fourth. The manifestation of the disease is not only so universal in the herd affected, but so prominent and unmistakable that it could not possibly be overlooked. No one could ignore for a moment the swollen digits, the lameness, and the blisters or ulcers between the hoofs—the heat, tenderness, swelling, and blisters or raw sores on the udder and teats, and the abundant frothing and slobbering at the mouth, the frequent loud smacking noise made with the tongue and palate, and the large rounded blisters or red angry sores on the mucous membrane of the mouth. These cannot escape the attention of the owners and attendants, and especially when a whole herd of ten, fifty, or one hundred are suffering simultaneously. Much less can they escape the instructed eye of the professional veterinarian.

It may be well to state that the invasion of foot and mouth disease that swept from Canada over Northern New York and New England in 1871 created something closely approaching a panic. The agricultural papers were full of the subject, State boards of agriculture convened and discussed the subject; a convention of delegates from different States met at Albany, N. Y., and it was the engrossing theme for every local farmers' club along the lines of infection. This invasion, imported into Montreal with two English cows, fortunately occurred in autumn, and the long seclusion of the herds during the ensuing winter virtually stamped it out, the infection not having extended beyond herds in inclosed pasturages or buildings. Most of our farmers are as ignorant of the disease to-day of they were in 1871, and any new invasion could not fail to produce a similar excitement and consternation. It should be added that our connection with the States as well as the United States brings us constant complaints of diseases supposed to be contagious, but we have not found any evidence of the actual existence of the foot and mouth disease at any point among our home herds.

We cannot pass unnoticed the two latest importations of the disease from England. Two years ago the steamship *France*, of the National Line, landed in New York a herd of Channel Island cattle, suffering from foot and mouth disease. These were quarantined by the State authorities and the infection stamped out. The *France*, however, after an attempted disinfection shipped a cargo of American beeves for the return voyage, and these on arrival in England were condemned as being infected with foot and mouth disease. This was undoubtedly contracted on board ship. The second case is that of the steamship *Nessmore*, which in March, 1883, landed in Baltimore a herd of Channel Island cattle suffering from foot and mouth disease. These again were secluded as soon as detected by the Pennsylvania authorities, and no evil consequences to our home herds can be traced. But the steamship *Nessmore*, after an attempted disinfection by the agents, shipped a cargo of American fat cattle, and these on arrival in England were found to be suffering from foot and mouth disease. This infection, unquestionably contracted on board ship, appears to have been the main, if not the sole, occasion of the recent questions and resolution in the British Parliament. That the infection was not derived from American herds, but from English, is beyond all dispute alike in this case and in that of the *France*, two years ago. The same is true of our extensive invasion in 1871, which was derived from two imported short-horn cows, and which was thoroughly extinguished without having gained any permanent foothold.

We do not deny that other cargoes of American cattle may have been found suffering from the disease in question on arrival in England, but this is amply accounted for by the occasional use for these cattle of herd ropes and other appliances that have been previously used for European cattle. But on this point we insist, with the greatest confidence, that there is no evidence whatever that our American herds are now suffering from foot and mouth disease, and that there is as strong evidence of its non existence as can well be produced on the negative side of a question.

MALARIA IN ITALY.—According to the statistical returns of the Italian Minister of War, more than 40,000 soldiers annually fall victims to malaria in Italy. The cost to the government of maintaining hospitals for patients suffering with malaria is estimated at over \$1,400,000. Malarial disease is stated to have increased in extent and virulence since the construction of railways was commenced.

SMALLPOX IN NEW ORLEANS.—Smallpox still lingers in New Orleans. For the week ending July 29, the mortality from this disease was twenty-one, or fifteen per cent. of the total mortality.

DARTMOUTH MEDICAL COLLEGE.—After forty-seven years of service as Professor of Chemistry in the Dartmouth Medical College, Oliver Payson Hubbard, M.D., LL.D., has resigned his chair and been made Professor Emeritus. Prof. Edwin J. Bartlett, of Dartmouth College, will fill the vacancy during the present lecture term, which opened on August 1st.

A NEW MEDICAL SCHOOL IN THE WEST.—The Regents of the University of Colorado have recently established a medical department in which the higher standard of medical education will be maintained with a four years' course of nine months each. The school is open free of cost to all qualified persons of either sex and from all parts of the world. The University is located at Boulder, about thirty miles from Denver. All candidates for admission must present a degree in

letters or science, or pass an equivalent preliminary examination.

MORPHINE MISTAKEN FOR QUININE.—A few days ago, a resident of Collaton County, S. C., administered to his wife and two children sulphate of morphine, supposing it to be sulphate of quinine. A short time afterward the two children died, and it is feared his wife will not recover.

THE AMERICAN SOCIETY OF MICROSCOPISTS held their annual meeting at Chicago, beginning last Tuesday and lasting four days. A large number of papers were read.

THE TEWKSBURY ALMSHOUSE.—The Massachusetts State Board of Health have appointed Dr. C. J. Fisher Superintendent of the State Almshouse at Tewksbury. A committee was also appointed to visit the almshouse weekly and report to the Board.

PASTEUR'S PENSION.—The Chamber of Deputies passed a law, on July 13th, which gives M. Pasteur an annual life-pension of 25,000 francs, revertible to his wife and children after his death.

CÆSAREAN HYSTERO OVARIOTOMY.—DR. FRANZOLINI has recently performed this operation at Udine. The child was safely delivered. The woman recovered without any serious symptoms.

FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The Administrative Council of this Association has decided to establish a Subsection of Hygiene and Public Health, at the meeting in Rouen, on August 16-23, 1883. This subsection is to be ultimately transformed into a section.

PRIZE ESSAY ON THE EXPERIMENTAL METHOD IN SCIENCE.—The State Department is informed that the Royal Institute of Higher Studies, at Florence, has offered a prize of 5,000 francs to the person presenting the best essay in Latin or Italian on the experimental method in science. Intending competitors can obtain further particulars by making application to the Chancellor of the Section of Medicine and Surgery of the Institute.

PROF. C. WEDL.—Prof. Wedl has been appointed to the rectorship of the Vienna University for the year 1883-84.

PROF. WINKEL.—On account of the removal of Prof. Winkel to Munich, Dr. Leopold will assume the directorship of the Maternity Hospital at Dresden.

NEW SPIROMETER.—M. G. BELLANGÉ has recently constructed an apparatus for the measurement of the capacity of the chest, of air expired in a given time, and of the amount of exhaled gases. It consists of a mouth-piece, a spirometer, and a carbonimeter.

GUTTER FORCEPS.—M. TRIPIER, of Lyon, recently exhibited to the *Société de Chirurgie*, a pair of forceps with open grooves, intended to facilitate the opening of drains and the establishment of counter-openings where necessary.

THE BUFALINI PRIZE.—Conforming to the last wishes of the late PROF. BUFALINI, the Minister of Public Instruction in Italy has published the conditions of an international competition for the best essay on the *Application of the Experimental Methods to Science*. Manuscripts written in the Italian or Latin

language will be received until October, 1884, by the Secretary of the Medical Faculty at Florence. The prize amounts to 5000 francs.

RIBERI PRIZE.—The Riberi prize of 20,000 lire has been awarded to DR. GIULIO BIZZOZERO for his essay on the *Physiopathology of the Blood*.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The American Public Health Association will hold its Eleventh Annual Session at Detroit, Mich., commencing Tuesday, November 13, 1883, and ending Friday, November 16th.

The subjects which have been chosen for special consideration at that time are:

I. *Malaria*. Its etiology and the methods for its prevention in localities or in persons; its American history; its specific particles; its origin; the conditions of its pervasion; its laws of extension, etc.

II. *Foods*. Their adulteration; healthy or deleterious modes of preservation and the function of legislation in regard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc.

III. *Vital Statistics*. Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics.

IV. *The Control and Removal of all Decomposable Material from Households*. The mechanical laws, constructions, and appliances relative thereto. The construction of all inside pipes and their connections, their traps and siphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill effect.

The Executive Committee by this outline desires to avoid general dissertations on these subjects, and to secure facts and opinions as to practical methods of dealing with the interest of public health. Reasons for the views entertained, the results of experience and the best judgment as to preventive and restrictive measures are especially sought.

Methods and systems of physical education, drill, etc., feasible in the school-room, will be discussed. While papers of merit on other topics are by no means excluded, it is believed wise to concentrate the preparation of papers and discussion upon these topics.

The Special Committees on Compulsory Vaccination, the Management of Epidemics, and on Diseases of Animals, will, before the completion of their reports, be glad to receive communications from any who have facts or opinions bearing on these subjects.

Gentlemen who propose to present papers are respectfully requested to notify the Secretary by September 1st, and to give the titles of their proposed papers.

The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and coöperation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well-being.

The meeting will be held under the Presidency of Dr. Ezra M. Hunt, of Trenton, N. J.

THE MISSOURI STATE BOARD OF HEALTH was duly organized at Jefferson City, on July 13, by the election of Dr. E. H. Gregory, of St. Louis, as President, and Dr. J. D. Hearn, of Hannibal, as Secretary.

The Board determined to hold an annual meeting in the city of Jefferson on the second Tuesday in January in each year, and regular meetings on the second

Tuesday in April, July, and October, at such places as the Board may determine.

According to the rules adopted, the examination of candidates and physicians under the act to regulate the practice of medicine and surgery shall be had at the meeting of the Board in January, April, July, and October, and at no other time, unless ordered by the Board by a vote of two-thirds of all the members.

At a meeting held at St. Louis, on August 1, the Board adopted the Illinois minimum requirement of medical colleges, as follows:

Minimum Requirements for a Medical College to be Held in Good Standing.

First.—Conditions of admission to lecture courses:

1. Creditable certificate of good moral standing.
2. Diplomas of graduation from a good literary and scientific college or high school, or, lacking this,
3. A thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy. This provision will not be required before the close of the lecture session of 1883.

Second.—1. Anatomy. 2. Physiology. 3. Chemistry. 4. Materia medica and therapeutics. 5. Theory and practice of medicine. 6. Pathology. 7. Surgery. 8. Obstetrics and gynecology. 9. Hygiene. 10. Medical jurisprudence.

Third.—Length of graduating courses:

1. The time occupied in the regular course or sessions from which students are graduated shall not be less than five months or twenty weeks each.
2. Two full courses of lectures, not within one and the same year of time, shall be required for graduation with the degree of doctor of medicine.

Fourth.—Attendance and examination or quizzes:

1. Regular attendance during the entire lecture courses shall be required, allowance being made only for absences occasioned by the student's sickness, such absences not to exceed twenty per centum of the course.
2. Regular examinations or quizzes to be made by each lecturer or professor daily, or at least twice each week.

3. Final examinations on all branches to be conducted, when practicable, by other competent examiners than the professors in each branch.

Fifth.—Dissections, clinics, and hospital attendances:

1. Each student shall have dissected during two courses.
2. Attendance during at least two terms of clinical and hospital instruction shall be required.

Sixth.—Time of professional studies before graduation shall not be less than three full years, including the time spent with a preceptor, attendance upon lectures, or at clinics and hospital.

Seventh.—Instruction: The college must show that it has a sufficient and competent corps of instructors, and the necessary facilities for teaching, dissections, clinics, etc.

It was resolved that the Secretary of the Board be instructed to prepare a synopsis of the law regulating the practice of medicine and surgery, together with mode of procedure, rulings, interpretations, and decisions on the same on such of them as may be of general interest, and have printed a sufficient number for general distribution.

The Board resolved to coöperate with the Mississippi Valley Sanitary Council.

A circular will be issued by the Board to the effect that it is the opinion of the Attorney-General that all physicians who have not practised five years in this State prior to the passage of the Act and have diplomas

shall bring or send them before the Board for examination. All physicians who have no diplomas and were not in practice in this State prior to the passage of the Act shall come before the Board for personal examination and certificate.

The following resolution was adopted:

Resolved, That for the purpose of expediting the business of the Board any one member of the Board can verify a diploma, and such verification accompanying the proper affidavits is sufficient to warrant the Secretary to issue a certificate, *i. e.*, physicians may present their diplomas to any member of the Board, and his verification, with affidavits, will be all that will be necessary for him to apply to the Secretary of the Board of Registration.

The Board issued one hundred and twenty-five certificates for the practice of medicine in the State. Five applicants presented themselves for examination, of whom four were rejected.

The proceedings of the Board are reported to have been quite harmonious, considering the composition of its members, composed as they are of regulars, eclectics, and homœopaths. The examination of applicants for a license has been rigid, as is indicated by the fact that four out of five were rejected, one of the latter being said to be a *protégé* of one of the members of the Board, who is classed as a homœopath.

DR. POLLAK AND THE REVISION OF THE CODE.—At a late meeting of the St. Louis Medical Society, Dr. Pollak, on a question of privilege, read a statement concerning the resolutions offered by him at the meeting of the American Medical Association, from which we make the following extracts:

On Saturday, June 2, 1883, I offered in this Society the following resolution:

Resolved, That the delegates of the St. Louis Medical Society to the meeting of the American Medical Association be requested—not instructed—to move for the appointment of a committee of one member from each State for the purpose of taking into consideration the propriety and advisability of a revision of the Code of Ethics of the American Medical Association, and to report thereon at the meeting of 1884.

This resolution was adopted unanimously. A motion was made and adopted that a preamble be added to the above. And another motion was also passed, that the Revising Committee, if one should be appointed, be authorized to prepare a code, which should be submitted to the American Medical Association in 1884.

In compliance with the resolutions of the St. Louis Society, I prepared a preamble the next day. I read it to Dr. Maughs and to Dr. Jackson, delegates from this city and State, whom I met on the train, for their opinion and frank criticism. Their approval was sufficient to me, and would be so to all unbiased men. They were also shown to the Permanent Secretary of the Association, Dr. Atkinson, and they received his entire assent. He also kindly consented to read them at the meeting. I then offered my preamble and resolutions. If dynamite had exploded in the hall, it could not have caused a greater buzz, stir, and confusion among the 1,500 or 2,000 persons present. A motion to table them was promptly made, and it prevailed by a very large majority. But this was expected, of course, but they were read and understood, and they will have to be put on record.

Up to that time I was utterly unknown, a stranger among strangers. But there was a good deal of hand-shaking after adjournment by and with hundreds I had not known before. In the nine evening receptions which came off on Thursday, I was met and saluted like an old friend as the champion of reform

and of liberal ideas. On that very day, my preamble and resolutions were published *in extenso* in the Cleveland papers, and on the next day the medical and secular papers of the whole United States spread them before the public, suitably commented upon.

On the 9th inst., I made my report to this Society. Dr. Love took exception to it, saying that I had not consulted the St. Louis delegation, which perhaps would have been the proper thing to do; but it had not occurred to me then. I was not required to do it. Besides, we were so scattered in Cleveland that I never met two St. Louisians together at any time until Thursday evening. His main objection was that the preamble did not reflect the spirit of the St. Louis Medical Society, and on the whole they were in bad taste. I maintain that while I may have failed in form, I have certainly strictly obeyed the mandate of the St. Louis Medical Society.

The remainder of the statement was devoted to personal criticism. The Publication Committee declined to insert the paper in the Society's proceedings.

THE PENNSYLVANIA ANATOMY ACT.—By request, we give the text of this act in full, as a model of an efficient law on this subject. The act is entitled "An Act for the promotion of medical science by the distribution and use of unclaimed human bodies for scientific purposes, through a board created for that purpose, and to prevent unauthorized uses and traffic in human bodies."

SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same*, That the professors of anatomy, the professors of surgery, the demonstrators of anatomy, and the demonstrators of surgery of the medical and dental schools and colleges of this Commonwealth, which are now, or may hereafter become incorporated, together with one representative from each of the unincorporated schools of anatomy or practical surgery within this Commonwealth, in which there are, or, from time to time, at the time of the appointment of such representatives, shall be not less than five scholars, shall be and hereby are constituted a board for the distribution and delivery of dead human bodies hereinafter described, to and among such persons as under the provisions of this act are entitled thereto. The professor of anatomy in the University of Pennsylvania at Philadelphia, shall call a meeting of said board for organization at a time and place to be fixed by him, within thirty days after the passage of this act. The said board shall have full power to establish rules and regulations for its government, and to appoint and remove proper officers, and shall keep full and complete minutes of the transactions, and records shall also be kept under its direction of all bodies received and distributed by said board, and of the persons to whom the same may be distributed, which minutes and records shall be open at all times to the inspection of each member of said board, and of any district attorney of any county within this Commonwealth.

SECTION 2. All public officers, agents, and servants, and all officers, agents, and servants, of any and every county, city, township, borough, district, and other municipality, and of any and every almshouse, prison, morgue, hospital, or other public institution having charge or control over dead human bodies required to be buried at the public expense, are hereby required to notify the said board of distribution, or such person or persons as may from time to time be designated by said board, or its duly authorized officer or agent, whenever any such body or bodies come to his or their possession, charge, or control; and shall, without fee or reward, deliver such body or bodies, and permit

and suffer the said board and its agents, and the physicians and surgeons, from time to time designated by them, who may comply with the provisions of this act, to take and remove all such bodies to be used within this State for the advancement of medical science; but no such notice need be given, nor shall any such body be delivered, if any person claiming to be and satisfying the authorities in charge of said body that he or she is of kindred, or is related by marriage to the deceased, shall claim the said body for burial, but it shall be surrendered for interment; nor shall the notice be given, or body delivered if such deceased person was a traveller who died suddenly, in which case the said body shall be buried.

SECTION 3. The said board or their duly authorized agent may take and receive such bodies so delivered as aforesaid, and shall, upon receiving them, distribute and deliver them to and among the schools, colleges, physicians, and surgeons aforesaid, in manner following: Those bodies needed for lectures and demonstrations by the said schools and colleges incorporated and unincorporated shall first be supplied, the remaining bodies shall then be distributed proportionately and equitably, preference being given to said schools and colleges; the number assigned to each to be based upon the number of students in each dissecting or operative surgery class, which number shall be reported to the board at such times as it may direct. Instead of receiving and delivering said bodies themselves, or through their agents or servants, the board of distribution may, from time to time, either directly or by their authorized officer or agent, designate physicians and surgeons who shall receive them, and the number which each shall receive. Provided always, however, That schools and colleges, incorporated and unincorporated, and physicians or surgeons of the county where the death of the person or such persons described takes place, shall be preferred to all others. And provided also, That for this purpose such dead body shall be held subject to their order in the county where the death occurs for a period not less than twenty-four hours.

SECTION 4. The said board may employ a carrier or carriers for the conveyance of said bodies, which shall be well enclosed within a suitable encasement, and carefully deposited free from public observation. Said carrier shall obtain receipts by name, or, if the person be unknown, by a description for each body delivered by him, and shall deposit said receipt with the secretary of the said board.

SECTION 5. No school, college, physician, or surgeon, shall be allowed or permitted to receive any such body or bodies until a bond shall have been given to the Commonwealth by such physician or surgeon, or by, or in behalf of such school or college, to be approved by the Prothonotary of the Court of Common Pleas in and for the county in which such physician or surgeon shall reside, or in which such school or college may be situate, and to be filed in the office of said Prothonotary, which bond shall be in the penal sum of one thousand dollars, conditioned that all such bodies which the said physician or surgeon, or the said school or college, shall receive thereafter, shall be used only for the promotion of medical science within this State; and whosoever shall sell or buy such body or bodies, or in any way traffic in the same, or shall transmit or convey, or cause to be transmitted or conveyed, said body or bodies to any place outside of this State, shall be deemed guilty of a misdemeanor, and shall, on conviction, be liable to a fine not exceeding two hundred dollars, or be imprisoned for a term not exceeding one year.

SECTION 6. Neither the Commonwealth, nor any county or municipality, nor any officer, agent, or ser-

vant thereof, shall be at any expense by reason of the delivery or distribution of any such body, but all the expenses thereof, and of said board of distribution, shall be paid by those receiving the bodies, in such manner as may be specified by said board of distribution, or otherwise agreed upon.

SECTION 7. That any person having duties enjoined upon him by the provision of this act, who shall neglect, refuse, or omit to perform the same as hereby required shall, on conviction thereof, be liable to fine of not less than one hundred nor more than five hundred dollars for each offence.

SECTION 8. That all acts or parts of acts inconsistent with this act be and the same are hereby repealed.

DA COSTA'S DIAGNOSIS.—We learn that the first edition of the German translation of this justly popular work has been exhausted in less than nine months after its publication. That a translation of a foreign book should attain such remarkable popularity, within such a short space of time, is a high tribute to its merits.

HEALTH IN MICHIGAN.—Reports to the State Board of Health for the week ending July 28, 1883, indicate that cholera morbus, consumption, and dysentery have increased, that diarrhoea has considerably decreased, and that measles, pneumonia, and cerebro-spinal meningitis have decreased in area of prevalence.

Including reports by regular observers and by others, diphtheria was reported present during the week ending July 28, and since, at twelve places; scarlet fever at fourteen places; and measles at ten places.

OBITUARY RECORD.—DR. DUBROVO, editor of the *Annals of the Moscow Chirurgical Society*, has recently died of diphtheria, contracted from a patient upon whom he had performed tracheotomy.

NOTES AND QUERIES.

HYSTERO-EPILEPSY.

To the Editor of THE MEDICAL NEWS.

SIR: There is an article in your journal of July 28, 1883, by Dr. E. J. Kempf, of Ferdinand, Indiana, relating to a case of hystero-epilepsy in a boy.

As it is well known to the profession that many cases of hysteria and epilepsy are induced, both in the male and female, by habits of masturbation, might not this one proceed, in a measure, from the same cause? His habits and disposition, in my humble opinion, seem to favor such an idea.

I am yours obediently,

JOHN C. WHITE, L.R.C.P. Edin., etc.

NEW YORK, July 30, 1883.

OFFICIAL LIST OF CHANGES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JULY 30 TO AUGUST 6, 1883.

MAGRUDER, DAVID L., Lieutenant-Colonel and Surgeon.—The leave of absence extended one month.—S. O. 89, Military Division of the Missouri, August 4, 1883.

FORWOOD, WILLIAM H., Major and Surgeon.—To proceed to Fort Washakie, Wyoming, and Fort Ellis, Montana, on public business and return.—S. O. 87, Military Division of the Missouri, August 2, 1883.

THE MEDICAL NEWS will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS should be addressed to No. 1004 Walnut Street, Philadelphia.